

# PHAPlan

AnnualPlanforFiscalYear2002

**NOTE:THISPHAPLAN'STEMPLATE(HUD50075)ISTOBECOMPLETEDIN  
ACCORDANCEWITHINSTRUCTIONS LOCATEDINAPPLICABLEPIHNOTICES**

## **PHA Plan Agency Identification**

**PHAName:** MobileHousingBoard

**PHANumber:** AL002

**PHAFiscalYearBeginning:(01/2002)**

### **Public Access to Information**

**Information regarding any activities outlined in this plan can be obtained by contacting:(select all that apply)**

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ PHA local offices

### **Display Locations For PHA Plans and Supporting Documents**

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☒ PHA development management offices
- ☐ PHA local offices
- ☐ Main administrative office of the local government
- ☐ Main administrative office of the County government
- ☐ Main administrative office of the State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

**AnnualPHAPlan**  
**PHAFiscalYear2002**  
[24CFRPart903.7]

**i. AnnualPlanType:**

SelectwhichtypeofAnnualPlanthePHAwillsubmit.

☒ **StandardPlan**

**StreamlinedPlan:**

- ☐ **HighPerformingPHA**  
☐ **SmallAgency(<250PublicHousingUnits)**  
☐ **AdministeringSection8Only**

☐ **TroubledAgencyPlan**

**ii. AnnualPlanTableofContents**

[24CFRPart903.79(r)]

ProvideatableofcontentsfortheAnnualPlan ,includingattachments,andalistofsupporting documentsavailableforpublicinspection .

**TableofContents**

	<u>Page#</u>
<b>AnnualPlan</b>	
i. TableofContents	
1. HousingNeeds	4
2. FinancialResources	11
3. PoliciesonEligibility,SelectionandAdmissions	12
4. RentD eterminationPolicies	21
5. OperationsandManagementPolicies	26
6. GrievanceProcedures	27
7. CapitalImprovementNeeds	28
8. DemolitionandDisposition	30
9. DesignationofHousing	31
10. ConversionsofPublicHousing	32
11. Homeownership	33
12. CommunityServicePrograms	35
13. CrimeandSafety	40
14. Pets	42
15. CivilRightsCertifications(includedwithPHAPlanCertifications)	57
16. Audit	57
17. AssetManagement	57
18. OtherInformation	58

## Attachments

Indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A,B,etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a SEPARATE file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

### Required Attachments:

- ☒ A. Deconcentration and Income Mixing
- ☒ B. Voluntary Conversion Initial Assessments
- ☒ C. Members hip of the Resident Advisory Board/ and Resident Councils
- ☒ D. Resident Membership of the PHA Governing Board
- ☒ E. FY2002 Capital Fund Program Annual Statement/Performance and Evaluation Report
- ☐ Most recent board -approved operating budget (Required Attachment for PHA's that are troubled or at risk of being designated troubled ONLY)
- ☒ F. FY2002 Capital Fund Program 5 Year Action Plan
- ☒ G. Public Housing Drug Elimination Program (PHDEP) Plan
- ☒ H. Assessment of Site -Based Waiting List Development Demographic

### Changes

- ☒ I. Progress Report
- ☒ J. Follow-Up Plans

### Optional Attachments:

- ☒ PHA Management Organizational Chart
- ☐ Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- ☐ Other (List below, providing each attachment name)

## Supporting Documents Available for Review

Indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with	5 Year and Annual Plans

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certification of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
X	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
X	Approved or submitted public housing home ownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
X	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self -Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self -Sufficiency
X	Most recent self -sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self -Sufficiency
X	The most recent Public Housing Drug Elimination Program (PHDEP) semi -annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)
X	-Resident Membership of the PHA Governing Board	Annual Plan: Required Attachment
X	Voluntary Conversion Initial Assessment	Annual Plan: Required Attachment

## **1.StatementofHousingNeeds**

[24CFRPart903.79(a)]

### **A.HousingNeedsofFamiliesintheJurisdiction/sServedbythePHA**

BasedupontheinformationcontainedintheConsolidatedPlan/sapplicabletothejurisdiction, and/orotherdataavailabletothePHA,provideastatementof thehousingneedsinthe jurisdictionby completingthefollowingtable.Inthe“Overall”Needscolumn,providethe estimatednumberofrenterfamiliesathavehousingneeds.Fortheremainingcharacteristics, ratetheimpactofthatfactoronthehousingneedsforeachfamilytype,from1to5,with1being “noimpact”and5being“severeimpact.”UseN/Atoindicatethatnoinformationisavailable uponwhichthePHAcannmakethisassessment.

<b>HousingNeedsofFamiliesintheJurisdiction byFamilyType</b>							
FamilyType	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
Income<=30% ofAMI	9,298	5		5		3	
Income>30%but <=50%ofAMI	5,015	5		5		2	
Income>50%but <80%ofAMI	4,459	3		2		2	
Elderly	4,765	3		3		2	
Familieswith Disabilities	1,800	3			4		
Race/Ethnicity						2	
Race/Ethnicity						3	4
Race/Ethnicity						2	
Race/Ethnicity						2	

WhatsourcesofinformationdidthePHAusetoconductthisanalysis?(Checkallthat apply;allmaterials mustbemadeavaila bleforpublicinspection.)

- ☒ ConsolidatedPlanoftheJurisdiction/s  
Indicateyear:1998
- ☒ U.S.Censusdata:theComprehensiveHousingAffordabilityStrategy  
 (“CHAS”)dataset
- ☐ AmericanHousingSurveydata  
Indicateyear:
- ☐ Otherhousingmarketstudy  
Indicateyear:
- ☐ Othersources:(listandindicateyearofinformation)

## B. Housing Needs of Families on the Public Housing and Section 8 Tenant-Based Assistance Waiting Lists

State the housing needs of the families on the PHA's waiting list/s. Complete one table for each type of PHA - wide waiting list administered by the PHA. PHA may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	1470		720
Extremely low income <=30% AMI	1324	90%	
Very low income (>30% but <=50% AMI)	129	9%	
Low income (>50% but <80% AMI)	17	1%	
Families with children	781	53%	
Elderly families	31	2%	
Families with Disabilities	248	17%	
Race/ethnicity (Black)	1387	94%	
Race/ethnicity (White)	71	5%	
Race/ethnicity (Indian)	4	1%	
Race/ethnicity (Asian)	8	1%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	687	47%	
2BR	406	28%	
3BR	287	20%	
4BR	79	5%	
5BR	11	<1%	
5+BR	0	0%	



HousingNeedsofFamiliesontheWaitingList	
Isthewaitinglistclosed(selectone)?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Ifyes:	
Howlonghasitbeenclosed(# ofmonths)?	
DoesthePHAexpecttoreopenhelistinthePHAPlanyear?	<input type="checkbox"/> No <input type="checkbox"/> Yes
DoesthePHApermitspecificcategoriesoffamiliesontothewaitinglist,evenifgenerallyclosed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

HousingNeedsofFamiliesontheWaitingList			
Waitinglisttype:(selectone)			
<input checked="" type="checkbox"/> Section8tenant -basedassistance			
<input type="checkbox"/> PublicHousing			
<input type="checkbox"/> CombinedSection8andPublicHousing			
<input type="checkbox"/> PublicHousingSite -Basedorsub -jurisdictionalwaitinglist(optional)			
Ifused,identifywhichdevelopment/subjurisdiction:			
	#offamilies	%oftotalfamilies	AnnualTurnover
Waitinglisttotal	2013		
Extremelylow income<=30%AMI	1867	92%	
Verylowincome (>30%but<=50%AMI)	159	8%	
Lowincome (>50%but<80%AMI)	5	<1%	
Familieswith children	1632	80%	
Elderlyfamilies	51	3%	
Familieswith Disabilities	292	14%	
Race/ethnicity (Black)	1886	93%	
Race/ethnicity (White)	140	7%	
Race/ethnicity (Indian)	2	<1%	
Race/ethnicity (Asian)	3	<1%	
Characteristicsby BedroomSize (PublicHousing Only)			
1BR			

Housing Needsof FamiliesontheWaitingList			
2BR			
3BR			
4BR			
5BR			
5+BR			
Isthewaitinglistclosed(selectone)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Ifyes: Howlonghasitbeenclosed(#ofmonths)?6/30/00 DoesthePHAexpecttoreopenthelistinthePHAPlanyear? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes DoesthePHAperm itspecificcategoriesoffamiliesontothewaitinglist,evenif generallyclosed? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			

### C.StrategyforAddressingNeeds

ProvideabriefdescriptionofthePHA'sstrategyforaddressingthehousingneedsoffamiliesin thejurisdictionandonthewaitinglist INTHEUPCOMINGYEAR , andtheAgency'sreasonsfor choosingthisstrategy.

#### (1)Strategies

**Need:Shortageofaffordablehousingforalleligiblepopulations**

**Strategy1.Maximizethenumberofaffordabl eunitsavailabletothePHAwithin itscurrentresourcesby:**

Selectallthatapply

- ☒ Employeffectivemaintenanceandmanagementpoliciestominimizethe numberofpublichousingunitsoff -line
- ☒ Reduceturnovertimeforvacatedpublichousingunits
- ☒ Reducetimetorenovatepublichousingunits
- ☐ Seekreplacementofpublichousingunitslosttotheinventorythroughmixed financedevelopment
- ☒ Seekreplacementofpublichousingunitslosttotheinventorythroughsection 8replacementhousingresources
- ☒ Maintainorincreasesection8lease -upratesbyestablishingpaymentstandards thatwillenablefamieliestorentthroughoutthejurisdiction
- ☒ Undertakemeasurestoensureaccesstoaffordablehousingamongfamilies assistedbythePHA,regardlessounitsizerequired
- ☒ Maintainorincreasesection8lease -upratesbymarketingtheprogramto owners,particularlythoseoutside ofareasofminorityandpoverty concentration
- ☒ Maintainorincreasesection8lease -upratesbyeffectivelyscreeningSection8 applicantstoincreaseowneracceptanceofprogram

☒ Participate in the Consolidated Plan development process to ensure coordination with broader community strategies

☐ Other (list below)

**Strategy 2: Increase the number of affordable housing units by:**

Select all that apply

☒ Apply for additional section 8 units should they become available

☒ Leverage affordable housing resources in the community through the creation of mixed -finance housing

☒ Pursue housing resources other than public housing or Section 8 tenant -based assistance.

☐ Other: (list below)

**Need: Specific Family Types: Families at or below 30% of median**

**Strategy 1: Target available assistance to families at or below 30% of AMI**

Select all that apply

☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing

☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant -based section 8 assistance

☒ Employ admissions preferences aimed at families with economic hardships

☒ Adopt rent policies to support and encourage work

☐ Other: (list below)

**Need: Specific Family Types: Families at or below 50% of median**

**Strategy 1: Target available assistance to families at or below 50% of AMI**

Select all that apply

☒ Employ admissions preferences aimed at families who are working

☒ Adopt rent policies to support and encourage work

☐ Other: (list below)

**Need: Specific Family Types: The Elderly**

**Strategy 1: Target available assistance to the elderly:**

Select all that apply

☐ Seek designation of public housing for the elderly

☐ Apply for special -purpose voucher targeted to the elderly, should they become available

☐ Other: (list below)

**Need: Specific Family Types: Families with Disabilities**

**Strategy 1: Target available assistance to Families with Disabilities:**

Select all that apply

- ☐ Seek designation of public housing for families with disabilities
- ☒ Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- ☐ Apply for special -purpose voucher targeted to families with disabilities, should they become available
- ☒ Affirmatively market to local non -profit agencies that assist families with disabilities
- ☐ Other: (list below)

**Need: Specific Family Types: Races or ethnicities with disproportionate housing needs**

**Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:**

Select if applicable

- ☒ Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- ☐ Other: (list below)

**Strategy 2: Conduct activities to affirmatively further fair housing**

Select all that apply

- ☒ Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- ☒ Market the section 8 program to owners outside of areas of poverty/minority concentrations
- ☐ Other: (list below)

**Other Housing Needs & Strategies: (list needs and strategies below)**

**(2) Reasons for Selecting Strategies**

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- ☒ Funding constraints
- ☒ Staffing constraints
- ☒ Limited availability of sites for assisted housing
- ☒ Extent to which particular housing needs are met by other organizations in the community

- ☒ Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- ☒ Influence of the housing market on PHA programs
- ☒ Community priorities regarding housing assistance
- ☒ Results of consultation with local or state government
- ☒ Results of consultation with residents and the Resident Advisory Board
- ☒ Results of consultation with advocacy groups
- ☐ Other: (list below)

## **2. Statement of Financial Resources**

[24CFR Part 903.79(b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant -based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant -based assistance, Section 8 supportive services or other.

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2002 grants)</b>		
a) Public Housing Operating Fund	10,378,000	
b) Public Housing Capital Fund	8,160,000	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant -Based Assistance	14,000,000	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	965,000	
g) Resident Opportunity and Self - Sufficiency Grants		
h) Community Development Block Grant	3,900,000	Policing, recreational and supportive services, affordable housing and rehabilitation
i) HOME	1,707,000	Affordable Housing and rehabilitation, rental assistance
Other Federal Grants (list below)		

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
a) Homeless Shelter	120,000	Aid to homeless
b) Housing Counseling	7,500	Aid to homeowners and buyers
c) Family Self-Sufficiency	0	
2. Prior Year Federal Grants (unobligated funds only) (list below)		
a) Emergency Supplemental Funds	412,000	Flood restoration
b) HOPE VI Elderly	3,500,000	CPT Assisted Housing
c) HOPE VI Demolition	600,000	144 Units AL2 -8
d) Comprehensive Grant	7,851,429	Modernization
<b>3. Public Housing Dwelling Rental Income</b>	4,700,000	Public Housing Programs
<b>4. Other Income (list below)</b>		
Affordable Homes Proceeds	400,000	Housing construction
Interest and Misc. Income PH, S8, & CDBG/HOME	800,000	Operating budgets
<b>4. Non-federal sources (list below)</b>		
a) ADECA -Emergency	250,000	Aid Homeless
b) Donations	400,000	Economic Development and Training Program
c) Youth Build	300,000	
d) Alabama Dept of Public Health	15,000	Homemaker Service
<b>Total resources</b>	<b>*58,465,929</b>	
	*Excludes Reserves	

### **3. PHA Policies Governing Eligibility, Selection, and Admissions**

[24CFR Part 903.79(c)]

#### **A. Public Housing**

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

##### **(1) Eligibility**

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

- ☒ When families are within a certain number of being offered a unit: (state number) 30
- ☐ When families are within a certain time of being offered a unit: (state time)

☐ Other:(describe)

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?

- ☒ Criminal or Drug-related activity
- ☒ Rental history
- ☒ Housekeeping
- ☐ Other (describe)

c. ☒ Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

d. ☒ Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

e. ☒ Yes ☐ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC authorized source)

## **(2) Waiting List Organization**

a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)

- ☐ Community-wide list
- ☐ Sub-jurisdictional lists
- ☒ Site-based waiting lists
- ☐ Other (describe)

b. Where may interested persons apply for admission to public housing?

- ☐ PHA main administrative office
- ☒ PHA development site management office
- ☒ Other (list below)

Leasing and Marketing Office – 1517 Plaza Drive, Mobile AL 36605

c. If the PHA plan to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**

1. How many site-based waiting lists will the PHA operate in the coming year? 10

2. ☒ Yes ☐ No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously HUD-approved site-based waiting list plan)?  
If yes, how many lists? 10

3. ☒ Yes ☐ No: May families be on more than one list simultaneously?  
If yes, how many lists? 10

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?

- ☐ PHA main administrative office  
☒ All PHA development management offices  
☒ Management offices at developments with site-based waiting lists  
☒ At the development to which they would like to apply

☒ Other (list below)  
Leasing and Marketing Office – 1517 Plaza Drive, Mobile AL 36605

### **(3) Assignment**

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)

- ☐ One  
☒ Two  
☐ Three or More

b. ☒ Yes ☐ No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

### **(4) Admissions Preferences**

a. Income targeting:

- ☐ Yes ☒ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfer take precedence over new admissions? (list below)

- ☒ Emergencies  
☐ Overhoused  
☐ Underhoused  
☒ Medical justification  
☒ Administrative reasons determined by the PHA (e.g., to permit modernization work)  
☐ Resident choice: (state circumstances below)  
☐ Other: (list below)

c. Preferences



1. ☒ Yes ☐ No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection **(5) Occupancy**)
2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

- ☒ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- ☐ Victims of domestic violence
- ☒ Substandard housing
- ☒ Homelessness
- ☐ High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

- ☒ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☒ Residents who live and/or work in the jurisdiction
- ☒ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☒ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a points system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

Date and Time

Former Federal preferences:

- 2 ☐ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- 3 ☐ Victims of domestic violence
- 3 ☐ Substandard housing
- 1 ☐ Homelessness

## Highrentburden

### Other preferences(selectallthatapply)

- ☒ Workingfamiliesandthoseunabletoworkbecauseofageordisability
- ☐ Veteransandveterans'families
- ☒ Residentswholiveand/orworkinthejurisdiction
- ☒ Thoseenrolledcurrent lyineducational,training,orupwardmobilityprograms
- ☐ Householdsthatcontributetomeetingincomegoals(broadrangeofincomes)
- ☒ Householdsthatcontributetomeetingincomerequirements(targeting)
- ☐ Thosepreviouslyenrolledineducational,training,orupwardmobility programs
- ☐ Victimsofreprisalsorhatecrimes
- ☐ Otherpreference(s)(listbelow)

### 4.Relationshipofpreferencestoincometargetingrequ irements:

- ☐ ThePHAappliespreferenceswithinincometiers
- ☒ Notapplicable:thepoolofapplicantfamiliesensuresthatthePHAwillmeet incometargetingrequirements

## **(5)Occupancy**

### a.Whatreferencematerialscanapplicantsandresidentsusetooobtaininformation abouttherulesofoccupancyofpublichousing(selectallthatapply)

- ☒ ThePHA -residentlease
- ☒ ThePHA'sAdmissionsand(Continued)Occupancypolicy
- ☒ PHAbriefingseminarsorwrittenmaterials
- ☐ Othersource(list)

### b.HowoftenmustresidentsnotifythePHAofchangesinfamilycomposition? (selectallthatapply)

- ☒ Atanannualreexaminationandleaserenewal
- ☒ Anytimefamilycompositionchanges
- ☒ Atfamilyrequestforrevision
- ☐ Other(list)

## **(6)DeconcentrationandIncomeMixing**

- a. ☐ Yes ☒ No:DidthePHA'sanalysisofitsfamily(general occupancy) developmentstodetermineconcentrationsofpovertyindicatethe needformeasurestopromotedeconcentrationofpovertyor incomemixing?

b. ☐ Yes ☒ No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?

c. If the answer to b was yes, what changes were adopted? (select all that apply)

- ☐ Adoption of site -based waiting lists  
If selected, list targeted developments below:
- ☐ Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments  
If selected, list targeted developments below:
- ☐ Employing new admission preferences at targeted developments  
If selected, list targeted developments below:
- ☐ Other (list policies and developments targeted below)  
Priority for working families

d. ☐ Yes ☒ No: Did the PHA adopt any changes to **other policies** based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

e. If the answer to d was yes, how would you describe these changes? (select all that apply)

- ☐ Additional affirmative marketing
- ☐ Actions to improve the marketability of certain developments
- ☐ Adoption or adjustment of ceiling rents for certain developments
- ☐ Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
- ☐ Other (list below)

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher -income families? (select all that apply)

- ☒ Not applicable: results of analysis did not indicate a need for such efforts
- ☐ List (any applicable) developments below:

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower -income families? (select all that apply)

- ☒ Not applicable: results of analysis did not indicate a need for such efforts
- ☐ List (any applicable) developments below:

## B. Section 8

**Exemptions: PHAs that do not administer section 8 are not required to complete sub 3B. Unless otherwise specified, all questions in this section apply only to the tenant**

**-component  
-based section**

8 assistance program (vouchers, and until completely merged into the voucher program, certificates).

**(1) Eligibility**

a. What is the extent of screening conducted by the PHA? (select all that apply)

- ☒ Criminal or drug -related activity only to the extent required by law or regulation
- ☐ Criminal and drug -related activity, more extensively than required by law or regulation
- ☒ More general screening than criminal and drug -related activity (list factors below) Rent Payment, Tenant History, Housekeeping
- ☐ Other (list below)

b. ☒ Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

c. ☒ Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

d. ☒ Yes ☐ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC - authorized source)

e. Indicate what kinds of information you share with prospective landlords? (select all that apply)

- ☒ Criminal or drug -related activity
- ☒ Other (describe below)
- Derogatory information based on past residence

**(2) Waiting List Organization**

a. With which of the following program waiting lists is the section 8 tenant -based assistance waiting list merged? (select all that apply)

- ☐ None
- ☐ Federal public housing
- ☒ Federal moderate rehabilitation
- ☐ Federal project -based certificate program
- ☒ Other federal or local program (list below)
- Tenant-Based Rental Assistance (HOME Program)

b. Where may interested persons apply for admission to section 8 tenant -based assistance? (select all that apply)

- ☐ PHA main administrative office
- ☒ Other (list below)

**(3) Search Time**

- a. ☒ Yes ☐ No: Does the PHA give extensions on standard 60 -day period to search for a unit?

If yes, state circumstances below:

Applicant exhausted reasonable effort to locate housing but not able to do so due to market conditions

**(4) Admissions Preferences**

a. Income targeting

- ☐ Yes ☒ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

b. Preferences

1. ☒ Yes ☐ No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

- ☒ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)  
☐ Victims of domestic violence  
☒ Substandard housing  
☒ Homelessness  
☐ High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

- ☒ Working families and those unable to work because of age or disability  
☐ Veterans and veterans' families  
☒ Residents who live and/or work in your jurisdiction  
☒ Those enrolled currently in educational, training, or upward mobility programs  
☐ Households that contribute to meeting income goals (broad range of incomes)  
☐ Households that contribute to meeting income requirements (targeting)

- ☒ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a points system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

Date and Time

Former Federal preferences

- 2 Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- 3 Substandard housing
- 1 Homelessness
- High rent burden

Other preferences (select all that apply)

- ☒ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☒ Residents who live and/or work in your jurisdiction
- ☒ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Household that contributes to meeting income goals (broad range of incomes)
- ☐ Household that contributes to meeting income requirements (targeting)
- ☒ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

4. Among applicants on the waiting list with the equal preference status, how are applicants selected? (select one)

- ☒ Date and time of application
- ☐ Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for "residents who live and/or work in the jurisdiction" (select one)

- ☒ This preference has previously been reviewed and approved by HUD
- ☐ The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)

- ☐ The PHA applies preferences within income tiers
- ☒ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

#### **(5) Special Purpose Section 8 Assistance Programs**

a. In which documents or other reference materials are the policies governing eligibility, selection, and admission to any special -purpose section 8 program administered by the PHA contained? (select all that apply)

- ☒ The Section 8 Administrative Plan
- ☒ Briefing sessions and written materials
- ☐ Other (list below)

b. How does the PHA announce the availability of any special -purpose section 8 program to the public?

- ☒ Through published notices
- ☐ Other (list below)

#### **4. PHA Rent Determination Policies**

[24 CFR Part 903.79(d)]

#### **A. Public Housing**

Exemptions: PHAs that do not administer public housing are not required to complete sub - component 4A.

#### **(1) Income Based Rent Policies**

Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

a. Use of discretionary policies: (select one)

- ☒ The PHA will not employ any discretionary rent -setting policies for income based rent in public housing. Income -based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub -component (2))

---or---

- ☐ The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0  
☒ \$1-\$25  
☐ \$26-\$50

2. ☒ Yes ☐ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

2. If yes to question 2, list these policies below :

The HA shall immediately grant an exemption from application of the minimum monthly rent to any family making a proper request in writing who is unable to pay because of financial hardship, which shall include:

- The family has lost eligibility for, or is awaiting an eligibility determination from a federal, state or local assistance program, including a family that includes a member who is an alien lawfully admitted for permanent residence under the immigration and nationalization act who would be entitled to public benefits but for Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.
- The family would be evicted as a result of the implementation of the minimum rent (this exemption is only applicable for the initial implementation of a minimum rent or increase to the existing minimum rent).
- The income of the family has decreased because of changed circumstances, including loss of employment.
- A death in the family has occurred which affects the family circumstances, including loss of employment.
- Other circumstances which may be decided by the HA on a case -by-case basis.

All the above must be proven by the Resident providing a verifiable information in writing to the HA prior to the rent becoming delinquent and before the lease is terminated by the HA.

If a resident requests a hardship exemption ( **prior to the rent being delinquent** ) under this section, and the HA reasonably determines the hardship to be of a temporary nature, exemptions shall not be granted during an ninety -day period beginning upon the making of the request for the exemption. A resident may not be evicted during the ninety -day period for non -payment of rent. In such a case, if the resident thereafter demonstrates that the financial hardship is of a long -term basis,



the HA shall retroactively exempt the resident from the applicability of the minimum rent requirement for such ninety -day period. This Paragraph does not prohibit the HA from taking eviction action for other violations of the lease.

c. Rents set at less than 30% than adjusted income

1. ☐ Yes ☒ No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

- ☐ For the earned income of a previously unemployed household member
- ☐ For increases in earned income
- ☐ Fixed amount (other than general rent -setting policy)

If yes, state amount/s and circumstances below:

- ☐ Fixed percentage (other than general rent -setting policy)

If yes, state percentage/s and circumstances below:

- ☐ For household heads
- ☐ For other family members
- ☐ For transportation expenses
- ☐ For the non -reimbursed medical expenses of non -disabled or non -elderly families
- ☐ Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)

- ☒ Yes for all developments
- ☐ Yes but only for some developments
- ☐ No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

- ☒ For all developments
- ☐ For all general occupancy developments (not elderly or disabled or elderly only)

- ☐ For specified general occupancy developments
- ☐ For certain parts of developments; e.g., the high-rise portion
- ☐ For certain size units; e.g., larger bedroom sizes
- ☐ Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

- ☐ Market comparability study
- ☒ Fair market rents (FMR)
- ☐ 95<sup>th</sup> percentile rents
- ☐ 75 percent of operating costs
- ☐ 100 percent of operating costs for general occupancy (family) developments
- ☐ Operating costs plus debt service
- ☐ The "rental value" of the unit
- ☐ Other (list below)

f. Rent review determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

- ☐ Never
- ☐ At family option
- ☐ Anytime the family experiences an income increase
- ☐ Anytime a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold) \_\_\_\_\_
- ☒ Other (list below)  
Within 30 calendar days of change

g. ☐ Yes ☒ No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

## **(2) Flat Rents**

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)

- ☒ The section 8 rent reasonableness study of comparable housing
- ☐ Survey of rents listed in local newspaper
- ☐ Survey of similar unassisted units in the neighborhood
- ☐ Other (list/describe below)

## B. Section 8 Tenant -Based Assistance

Exemptions: PHAs that do not administer Section 8 tenant -based assistance are not required to complete sub -component 4B. Unless otherwise specified, all questions in this section apply only to the tenant -based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).

### (1) Payment Standards

Describe the voucher payment standards and policies .

a. What is the PHA's payment standard? (select the category that best describes your standard)

- ☐ At or above 90% but below 100% of FMR
- ☐ 100% of FMR
- ☒ Above 100% but at or below 110% of FMR
- ☐ Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

- ☒ FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
- ☐ The PHA has chosen to serve additional families by lowering the payment standard
- ☐ Reflects market or submarket
- ☐ Other (list below)

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

- ☐ FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- ☐ Reflects market or submarket
- ☐ To increase housing options for families
- ☐ Other (list below)

d. How often are payment standards reevaluated for adequacy? (select one)

- ☒ Annually
- ☐ Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)

- ☒ Success rates of assisted families
- ☒ Rent burden of assisted families
- ☐ Other (list below)

## **(2) Minimum Rent**

a. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0  
☒ \$1-\$25  
☐ \$26-\$50

b. ☒ Yes ☐ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

The HA shall immediately grant an exemption from application of the minimum monthly rent to any family making a proper request in writing who is unable to pay because of financial hardship, which shall include:

- The family has lost eligibility for, or is awaiting an eligibility determination from a federal, state or local assistance program, including a family that includes a member who is an alien lawfully admitted for permanent residence under the immigration and nationalization act who would be entitled to public benefits but for Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.
- The family would be evicted as a result of the implementation of the minimum rent (this exemption is only applicable for the initial implementation of a minimum rent or increase to the existing minimum rent).
- The income of the family has decreased because of changed circumstances, including loss of employment.
- A death in the family has occurred which affects the family circumstances, including loss of employment.
- Other circumstances which may be decided by the HA on a case -by-case basis.

All the above must be proven by the Resident providing a verifiable information in writing to the HA prior to the rent becoming delinquent and before the lease is terminated by the HA.

If a resident requests a hardship exemption ( **prior to the rent being delinquent** ) under this section, and the HA reasonably determines the hardship to be of a temporary nature, exemptions shall not be granted during an ninety -day period beginning upon the making of the request for the exemption. A resident may not be evicted during the ninety -day period for non -payment of rent. In such a case, if the

resident thereafter demonstrate that the financial hardship is of a long-term basis, the HA shall retroactively exempt the resident from the applicability of the minimum rent requirement for such ninety-day period. This Paragraph does not prohibit the HA from taking eviction action for other violations of the lease.

## **5. Operations and Management**

[24CFR Part 903.79(e)]

**Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)**

### **A. PHA Management Structure**

**Describe the PHA's management structure and organization.**

(select one)

- ☒ An organization chart showing the PHA's management structure and organization is attached.
- ☐ A brief description of the management structure and organization of the PHA follows:

### **B. HUD Programs Under PHA Management**

- **List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)**

<b>Program Name</b>	<b>Units or Families Served at Year Beginning</b>	<b>Expected Turnover</b>
Public Housing	4062	720
Section 8 Vouchers	2367	395
Section 8 Certificates	60	42
Section 8 Mod Rehab	34	21
Special Purpose Section 8 Certificates/Vouchers (list individually)	V1 22DNE* 100FUP* 100DP*	10 0 25
Public Housing Drug Elimination Program (PHDEP)	4062	
Other Federal Programs (list individually)	S-8 New Const 482 S-8 Home TBRA 110	18 15

--	--	--

**\*Includes Special Purpose HCVs.**

### **C. Management and Maintenance Policies**

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

2. Public Housing Maintenance and Management: (list below)
  - ACOP
  - Mobile Housing Board Policy and Procedure Manual

- (2) Section 8 Management: (list below)
  - Section 8 Administrative Plan

## **6. PHA Grievance Procedures**

[24CFR Part 903.79(f)]

**Exemptions from component 6: High performing PHAs are not required to complete component 6. Section 8 - Only PHAs are exempt from sub -component 6A.**

### **A. Public Housing**

1. ☐ Yes ☒ No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

2. Which PHA offices should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

- ☐ PHA main administrative office
- ☒ PHA development management offices
- ☒ Other (list below)
  - Leasing and Marketing Office – 1517 Plaza Drive, Mobile Alabama 36605

### **B. Section 8 Tenant - Based Assistance**

1. ☐ Yes ☒ No: Has the PHA established informal review procedures for applicants to the Section 8 tenant - based assistance program and informal hearing procedures for families assisted by the Section 8 tenant - based assistance program in addition to federal requirements found at 24CFR 982?

If yes, list additions to federal requirements below:

2. Which PHA offices should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)

☐

PHA main administrative office

☒

Other (list below)

Section 8 Program Office - 1517 Plaza Drive, Mobile, Alabama 36605

## **7. Capital Improvement Needs**

[24 CFR Part 903.79(g)]

**Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.**

### **A. Capital Fund Activities**

**Exemptions from sub -component 7A: PHA that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.**

#### **(1) Capital Fund Program Annual Statement**

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long -term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template OR, at the PHA's option, by completing and attaching a properly updated HUD -52837.

Select one:

☒

The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name) Attachment E

-or-

☐

The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert there)

#### **(2) Optional 5 -Year Action Plan**

Agencies are encouraged to include a 5 -Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template OR by completing and attaching a properly updated HUD -52834.

a. ☒ Yes ☐ No: Is the PHA providing an optional 5 -Year Action Plan for the Capital Fund? (if no, skip to sub -component 7B)

b. If yes to question a, select one:

☒

The Capital Fund Program 5 -Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name) Attachment F

-or-

- ☐ The Capital Fund Program 5 - Year Action Plan is provided below: (if selected, copy the CF Optional 5 Year Action Plan from the Table Library and insert here)

## **B. HOPEVI and Public Housing Development and Replacement Activities (Non -Capital Fund)**

Applicability of sub -component 7B: All PHAs administering public housing. Identify any approved HOPEVI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

- ☒ Yes ☐ No: a) Has the PHA received a HOPEVI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)  
b) Status of HOPEVI revitalization grant (complete one set of questions for each grant)

1. Development name: Central Plaza Towers
2. Development (project) number: AL9002012 and AL9002015
3. Status of grant: (select the statement that best describes the current status)

- ☒ Revitalization Plan under development  
☐ Revitalization Plan submitted, pending approval  
☐ Revitalization Plan approved  
☐ Activities pursuant to an approved Revitalization Plan underway

- ☒ Yes ☐ No: c) Does the PHA plan to apply for a HOPEVI revitalization grant in the Plan year?  
If yes, list development name/s below:  
AL9002003 – Roger Williams  
AL9002004 and AL9002009 – A.F. Owens and Jessie Thomas respectively

- ☐ Yes ☒ No: d) Will the PHA be engaging in any mixed -financed development activities for public housing in the Plan year?  
If yes, list developments or activities below:

- ☐ Yes ☒ No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?  
If yes, list developments or activities below:

## **8. Demolition and Disposition**



[24CFRPart903.79(h)]

**Applicability of component 8: Section 8 only PHAs are not required to complete this section.**

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to component 9; if "yes", complete one activity description for each development.)

**2. Activity Description**

- ☐ Yes ☐ No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If "yes", skip to component 9. If "No", complete the Activity Description table below.)

<b>Demolition/Disposition Activity Description</b>
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission:
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity:

**9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities**

[24CFRPart903.79(i)]

**Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.**

1. ☐ Yes ☒ No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If "No", skip to component 10. If "yes", complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)
2. Activity Description  
☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If "yes", skip to component 10. If "No", complete the Activity Description table below.

Designation of Public Housing Activity Description
1a. Development name:
1b. Development (project) number:
2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA's Designation Plan <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission:
5. If approved, will this designation constitute a (select one) <input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously -approved Designation Plan?
6. Number of units affected:
7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

## **10. Conversion of Public Housing to Tenant -Based Assistance**

[24 CFR Part 903.79(j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

**A. Assessment of Reasonable Revitalization Pursuant to section 202 of the HUD FY1996 HUD Appropriations Act**

1. ☐ Yes ☒ No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)
2. Activity Description  
☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If "yes", skip to component 11. If "No", complete the Activity Description table below.

Conversion of Public Housing Activity Description
1a. Development name: 1b. Development (project) number:
2. What is the status of the required assessment? <input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)
4. Status of Conversion Plan (select the statement that best describes the current status) <input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD - approved Conversion Plan underway
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one) <input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved: <input type="checkbox"/> Units addressed in a pending or approved HOPEVI demolition application

<div style="text-align: right;">(date submitted or approved:      )</div> <input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan <div style="text-align: right;">(date submitted or approved:      )</div> <input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent <input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units <input type="checkbox"/> Other: (describe below)
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937</b>
-------------------------------------------------------------------------------------------

<b>C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937</b>
-------------------------------------------------------------------------------------------

## **11. Homeownership Programs Administered by the PHA**

[24 CFR Part 903.79(k)]

### **A. Public Housing**

Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A.

1. ☒ Yes   ☐ No:      Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z -4). (If "No", skip to component 11B; if "yes", complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description

- ☐ Yes   ☒ No:      Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If "yes", skip to component 12. If "No", complete the Activity Description table below.)

<p align="center"><b>Public Housing Homeownership Activity Description</b> <b>(Complete one for each development affected)</b></p>
1a. Development name: 1b. Development (project) number: AL09P002018

2.Federal Program authority: <input type="checkbox"/> HOPEI <input checked="" type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3.Application status:(select one) <input type="checkbox"/> Approved; included in the PHA's Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input checked="" type="checkbox"/> Planned application
4.Date Homeownership Plan/Program approved, submitted, or planned for submission: (12/31/00)
5. Number of units affected: 38 6. Coverage of action:(select one) <input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development

## B. Section 8 Tenant Based Assistance

1. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to component 12; if "yes", describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

### 2. Program Description:

#### a. Size of Program

- ☐ Yes ☐ No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one)

- ☐ 25 or fewer participants  
☐ 26- 50 participants  
☐ 51 to 100 participants  
☐ more than 100 participants

#### b. PHA -established eligibility criteria

☐ Yes ☐ No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?

If yes, list criteria below:

## **12. PHA Community Service and Self-Sufficiency Programs**

[24CFR Part 903.79(l)]

**Exemptions from Component 12:** High performing and small PHAs are not required to complete this component. **Section 8** - Only PHAs are not required to complete sub-component C.

### **A. PHA Coordination with the Welfare (TANF) Agency**

#### **1. Cooperative agreements:**

☒ Yes ☐ No: Has the PHA entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? 8/17/01

#### **2. Other coordination efforts between the PHA and TANF Agency (select all that apply)**

- ☒ Client referrals
- ☒ Information sharing regarding mutual clients (for rent determinations and otherwise)
- ☒ Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
- ☐ Jointly administer programs
- ☐ Partner to administer a HUD Welfare-to-Work voucher program
- ☒ Joint administration of other demonstration program
- ☐ Other (describe)

### **B. Services and programs offered to residents and participants**

#### **(1) General**

##### **a. Self-Sufficiency Policies**

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

- ☒ Public housing rent determination policies
- ☒ Public housing admissions policies
- ☒ Section 8 admissions policies
- ☐ Preference in admission to section 8 for certain public housing families

- ☒ Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
- ☒ Preference/eligibility for public housing home ownership option participation
- ☒ Preference/eligibility for section 8 home ownership option participation
- ☐ Other policies (list below)

b. Economic and Social self-sufficiency programs

- ☒ Yes ☐ No: Does the PHA coordinate, promote or provide any program to enhance the economic and social self-sufficiency of residents? (If "yes", complete the following table; if "no" skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use.)

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office/ PHA main office/ other provider name)	Eligibility (public housing or section 8 participants or both)
Family Self-Sufficiency PH	65	Waiting List	Family Services Dept	Public Housing
Family Self-Sufficiency S-8	266	Random Selection	Family Services Dept	Section 8
Preparation for Employment	*V	Specific Criteria	DHR	Both
Wheel to Work	*V	Specific Criteria	Family Services Dept	Both
Scholarship Program	25*F	Specific Criteria	Family Services Dept	Both
Housing Counseling	200*V	Other As Needed	Family Services Dept	Both

\*F – Based on funding allocated.

\*V – Varies as needed (based on availability of funds or cars or participants)

**(2) Family Self Sufficiency program/s**

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2000 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing	65	65 (8/1/01)
Section 8	266	95 (8/1/01)

- b. ☒ Yes ☐ No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size?  
If no, list steps the PHA will take below:

### C. Welfare Benefit Reductions

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)

- ☒ Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
- ☒ Informing residents of new policy on admission and reexamination
- ☒ Actively notifying residents of new policy at times in addition to admission and reexamination.
- ☒ Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
- ☒ Establishing a protocol for exchange of information with all appropriate TANF agencies
- ☐ Other: (list below)

### D. Public Housing Resident Community Service Requirement Policy

#### Requirements

Each adult resident (18 years or older) of the Mobile Housing Board (MHB) must:

1. contribute eight (8) hours per month of Community Service, not including political activities, within the community in which that adult resides; or
2. participate in an Economic Self-Sufficiency Program for eight (8) hours per month.

For purposes of this section, the term "Economic Self-Sufficiency Program" is designed to encourage, assist, train, or facilitate the economic independence of participants and their families. This provides work for participants, including programs for job training, employment counseling, work placement, basic skills training, education, workfare, and financial independence. The program also provides household management, work experience and apprenticeship training and other activities.



The MHB will provide exemptions to the Community Service and Economic Self-Sufficiency requirements if the adult resident(s):

- A. is 62 years of age or older;
- B. is blind or disabled or is a primary caretaker of such resident;
- C. is engaged in a work activity of the Social Security Act;
- D. meets the requirement for being exempted from having to engage in a work activity under the State Program funded under part A of Title IV of the Social Security Act, or under any other welfare program in Alabama, including a State administered welfare-to-work program; or
- E. is in a family receiving assistance under a State Program funded under part A of Title IV of the Social Security Act, or under any other welfare program in Alabama, including a State administered welfare-to-work program, and has not been found by the State or other administering entity to be in non-compliance with the program.

#### Compliance

The Head of Household and spouse will be notified at least 90 days before the scheduled Annual Re-examination's effective date, by mail. They must provide all specified information, complete an Application for Continued Occupancy and sign necessary forms and documentation.

At the time of the interview for the Annual Re-examination, the MHB will verify if the adult resident(s) in the household has complied with the Community Service and Economic Self-Sufficiency requirements. If compliance was completed, including the specified information needed for the Annual Re-examination, the MHB may extend the lease.

#### Non-Compliance

The MHB will not renew or extend any lease, or provide any new lease, for a dwelling unit in public housing for any household that includes an adult member who was to participate in the Community Service and Self-Sufficiency requirements, and failed to comply.

At the time of the Annual Re-examination interview, if the MHB finds that the adult resident(s) in the household did not comply with the Community Service and Economic Self-Sufficiency requirements, the MHB will:

- A. Notify the head of household of such non-compliance

- B. Inform the head of household of the determination of non compliance and that they have a right to follow the administrative grievance procedure; and unless the resident enters an agreement to complete the Community Service and Economic Self -Sufficiency requirements that their lease will not be renewed -
- C. Take necessary steps to terminate the tenancy of the household in accordance with the principles of due process and on a non discriminatory basis -

### To Become Compliant

The resident(s) in the household must enter into an agreement stating they will participate and complete eight (8) hours (per month) of Community Service or participate in an Economic Self -Sufficiency Program. The resident may use as many hours as needed to comply with the requirement over the 12 month term of the lease, before the re-examination effective date.

To fulfill the Community Service requirements the MHB may suggest or encourage that the resident(s) volunteer through a resident organization. Suggestions on types of work could include, but are not limited to:

- A. Monitoring Playgrounds
- B. Assisting with Mowing Grass and Curb Appeal
- C. Participating in After -School Programs
- D. Assisting with Trash Pick -Up of Large Bulk Items
- E. Cleaning Maintenance Shop Areas
- F. Filing in Work Order Centers
- G. Answering Phones in Management Offices
- H. Passing Out MHB Literature

The MHB may also suggest or encourage Community Service requirements be fulfilled through a local business or service provider having experience in administering volunteer -based Community Service programs within the area of the Housing Authority.

The Community Service or participation in an Economic Self -Sufficiency Program may be performed at a location not owned by the MHB.

### Decreases in Income for Non -Compliance

A family receiving welfare or public assistance benefits may have a reduction in their benefits if compliance is not made under their assistance program. This program requires participation in an Economic Self -Sufficiency Program or imposing work activities. If benefits are reduced due to non -compliance,

the amount required to be paid by the family as monthly rent will not be decreased by the MHB, during the time of reduction.

A family receiving a reduction in benefits from welfare or public assistance due to the expiration of a lifetime time limit will not be considered as failing to comply. Due to the reduction of benefits the amount required to be paid by the family as monthly rent will be decreased by the MHB.

### Fraud

If a family receiving welfare or public assistance benefits commits the act of fraud, benefits will be reduced. The amount the family is required to pay as monthly rent will not be decreased by the MHB during the period of reduction.

### Notification

The MHB must receive from the agency providing assistance under the Assistance Act, written notification specifying that the family's benefits have been reduced. The notification would state the non-compliance of participation in work activities or the Self-Sufficiency program, as well as, fraud, if applicable. The time frame and level of reduction would also be indicated.

Any family residing in public housing that is affected by a reduction in benefits has the right to review the MHB's determination through the administrative grievance procedure.

## **13. PHA Safety and Crime Prevention Measures**

[24 CFR Part 903.79(m)]

**Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub component D.**

### **A. Need for measures to ensure the safety of public housing residents**

1. Describe the need for measures to ensure the safety of public housing residents  
(select all that apply)

- ☒ High incidence of violent and/or drug -related crime in some or all of the PHA's developments
- ☒ High incidence of violent and/or drug -related crime in the area surrounding or adjacent to the PHA's developments
- ☒ Residents fearful for their safety and/or the safety of their children
- ☒ Observed lower -level crime, vandalism and/or graffiti
- ☒ People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug -related crime

☐ Other(describebelow)

2. What information or data did the PHA used to determine the need for PHA actions to improve safety of residents (select all that apply).

- ☒ Safety and security survey of residents
- ☒ Analysis of crime statistics over time for crimes committed "in and around" public housing authority
- ☒ Analysis of cost trends over time for repair of vandalism and removal of graffiti
- ☒ Resident reports
- ☒ PHA employee reports
- ☒ Police reports
- ☒ Demonstrable, quantifiable success with previous or ongoing anti crime/anti drug programs
- ☐ Other(describebelow)

3. Which developments are most affected? (list below)

Oaklawn, Gulf Village, R. V. Taylor, Jessie Thomas, Orange Grove,  
Albert Owens, Josephine Allen, Roger Williams, Thomas James

### **B. Crime and Drug Prevention activities the PHA has undertaken or plan to undertake in the next PHA fiscal year**

1. List the crime prevention activities the PHA has undertaken or plan to undertake: (select all that apply)

- ☒ Contracting with outside and/or resident organizations for the provision of crime- and/or drug -prevention activities
- ☒ Crime Prevention Through Environmental Design
- ☒ Activities targeted to at -risk youth, adults, or seniors
- ☒ Volunteer Resident Patrol/Block Watchers Program
- ☒ Other(describebelow)  
Establish mini -police precincts in our developments

2. Which developments are most affected? (list below)

Oaklawn, Gulf Village, R. V. Taylor, Jessie Thomas, Orange Grove,  
Albert Owens, Josephine Allen, Roger Williams,

### **C. Coordination between PHA and the police**

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- ☒ Police involvement in development, implementation, and/or ongoing evaluation of drug -elimination plan

- ☒ Police provide crime data to housing authority staff for analysis and action
  - ☒ Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
  - ☒ Police regularly testify in and otherwise support eviction cases
  - ☒ Police regularly meet with the PHA management and residents
  - ☒ Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
  - ☐ Other activities (list below)
2. Which developments are most affected? (list below)
- Oaklawn, R. V. Taylor, Jessie Thomas, Orange Grove,  
Albert Owens, Josephine Allen, Roger Williams, Thomas James

#### **D. Additional information as required by PHDEP/PHDEP Plan**

**PHA eligible for FY2002 PHDEP funds must provide a PHDEP Plan meetings specified requirements prior to receipt of PHDEP funds.**

- ☒ Yes ☐ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- ☐ Yes ☒ No: Has the PHA included the PHDEP Plan for FY2002 in this PHA Plan? **FY2002 PHDEP Plan pending**
- ☒ Yes ☐ No: This PHDEP Plan is an Attachment. (Attachment G)  
**FY2001 PHDEP Plan**

#### **14A. PET POLICY (For City of Mobile)**

[24 CFR Part 903.79(n)]

1. Pet Ownership : A resident may own one or more common household pets or have one or more common household pets present in the dwelling unit of such resident, subject to the following conditions:
  - A. Each Head of Household may own up to two pets. If one of the pets is a dog or cat, (or other four legged animal), the second pet must be contained in a cage or an aquarium for fish. Each bird or other animals, other than fish, shall be counted as one pet. For purposes of Housing Programs, domesticated animals such as dogs, cats, birds, rabbits, fish and turtles that are traditionally kept in the home for pleasure, rather than for commercial purposes, are considered as common household pets. Common household pets do not include reptiles (except turtles) or dangerous breeds of dogs such as Doberman Pinschers, Rottweilers, Bull Terriers, or any mixed breed dog with prominent characteristics of Pit Bulls or Rottweilers. Refer to Section I, Part 3 (Prohibited Animals). Acceptable turtles are Terrapin Box Turtles and Land Turtles. Snap per Turtles are unacceptable as common household pets.

- B. If the pet is a dog or cat, it must be neutered/spayed by the age of three (3) months. The evidence can be provided by a statement/bill from a veterinarian and/or staff of the humane society. The evidence must be provided prior to the execution of this addendum and/or within 10 days of the pet becoming of the age to be neutered/spayed. Residents must provide waterproof and leak proof litter boxes for cat waste, which must be kept inside the dwelling unit. Cardboard boxes are not acceptable and will not be approved. The resident shall not permit refuse from litter boxes to accumulate nor to become unsightly or unsanitary. Also, the weight of a cat cannot exceed 10 pounds (fully grown) and a dog may not exceed 20 pounds in weight (fully grown). All other four-legged animals are limited to 10 pounds (fully grown).
- C. If the pet is a bird, it shall be housed in a bird cage and cannot be let out of the cage at any time. Birds should be no larger than a parakeet.
- D. If the pet is a fish, the aquarium must be twenty gallons or less, and the container must be placed in a safe location in the unit. The resident is limited to one container for the fish; however, there is no limit on the number of fish that can be maintained in the container as long as the container is maintained in a safe and nonhazardous manner. All fish must be nonpoisonous and not of a dangerous species, such as Guppies, Goldfish or Jack Dempsey.
- E. All dogs within the City limits of Mobile over three months old are required to be licensed. Proof of current rabies inoculation is required for all license purchases.
- F. If the pet is a cat or dog, it must have received rabies and distemper inoculations or boosters, as applicable. Evidence of inoculations can be provided by a statement/bill from the county rabies officer, his/her authorized representative or any duly licensed veterinarian and must be provided before the execution of this agreement. Dogs and cats more than 3 months of age are required to be vaccinated against rabies. Vaccinations against rabies are good for one year.
- G. All pets must be housed within the unit and no facilities can be constructed outside of the unit for any pet. No animal shall be permitted to be loose and if the pet is taken outside it must be taken outside on a leash and kept off other residents' lawns. Also, all pets must wear collars with identification at all times. Pets without a collar will be picked up immediately and transported to the Mobile Animal Shelter or other appropriate facility.
- H. All authorized pet(s) must be under the control of an adult. An unleashed pet, or one tied to a fixed object, is not considered to be under the control of an adult. Pets which are unleashed, or leashed and unattended, on MHB property may be impounded and taken to the

Mobile Animal Shelter. It shall be the responsibility of the resident to reclaim the pet at the expense of the resident. Also, if a member of the MHB staff has to take a pet to the Mobile Animal Shelter the resident will be charged \$50 to cover the expense of taking the pet(s) to the Mobile Animal Shelter.

- I. Pet(s) may not be left unattended for more than twenty-four consecutive hours. If it is reported to MHB staff that a pet(s) has been left unattended for more than a twenty-four (24) consecutive hour period, MHB staff may enter the unit and remove the pet and transfer the pet to the Mobile Animal Shelter. Any expense to remove and reclaim the pet from any facility will be the responsibility of the resident. In the case of an emergency, the MHB will work with the resident to allow more than 24 hours for the resident to make accommodations for the pet.
- J. Pet(s), as applicable, must be weighed by a veterinarian. A statement containing the weight of the pet must be provided to the MHB prior to the execution of this agreement and upon request by the MHB.

Note: Any pet that is not fully-grown will be weighed every six months. Also, any pet that exceeds the weight limit at any time during occupancy will not be an eligible pet and must be removed from MHB property.

2. Responsible Pet Ownership : Each pet must be maintained responsibly and in accordance with this pet ownership lease addendum and in accordance with all applicable ordinances, state and local public health, animal control, and animal anti-cruelty laws and regulations governing pet ownership. Any waste generated by a pet must be properly and promptly disposed of by the resident to avoid any unpleasant and unsanitary odor from being in the unit.
3. Prohibited Animals : Animals or breeds of animals that are considered by the MHB to be vicious and/or intimidating will not be allowed. Some example that have a reputation of a vicious nature are: reptiles, Rottweilers, Doberman Pinschers, Pit Bulldogs and/or any animal that displays vicious behavior. This determination will be made by a MHB representative prior to the execution of this lease addendum.
4. Pet(s) shall not disturb, interfere or diminish the peaceful enjoyment of other residents. The terms, "disturb, interfere or diminish" shall include but not be limited to barking, howling, chirping, biting, scratching and other like activities. This includes any pets that make noise continuously and/or incessantly for a period of 10 minutes or intermittently for one-half hour or more and therefore disturbs any person at any time of the day or night. The Housing Manager will terminate this authorization if a pet disturbs other residents under this

section of the lease addendum. The resident will be given one week to make other arrangements for the care of the pet or the dwelling lease will be terminated.

5. If the animal should become destructive, create a nuisance, represent a threat to the safety and security of other persons, or create a problem in the area of cleanliness and sanitation, the Housing Manager will notify the resident, in writing, that the animal must be removed from the public housing development, within 10 days of the date of the notice from the MHB. The resident may request a hearing, which will be handled according to the MHB's established grievance procedure. The pet may remain with the resident during the hearing process unless the MHB has determined that the pet may be a danger or threat to the safety and security of other persons. If this determination has been made by the MHB, the pet must be immediately removed from the unit upon receipt of the notice from the MHB.
6. The resident is solely responsible for cleaning up the waste of the pet within the dwelling unit and on the premises of the public housing development. If the pet is taken outside it must be on a leash at all times. If there is any visible waste by the pet it must be disposed of in a plastic bag, securely tied and placed in the garbage receptacle for their unit. If the MHB staff is required to clean any waste left by a pet, the resident will be charged \$25 for the removal of the waste.
7. The resident shall have pets restrained so that maintenance can be performed in the apartment. The resident shall, whenever an inspection or maintenance is scheduled, either be at home or shall have all animals restrained or caged. If a maintenance person enters an apartment where an animal is not restrained, maintenance shall not be performed, and the resident shall be charged a fee of \$25. In addition, the work order will be considered closed with a notation unrestrained pet (dog/cat). If this same situation again occurs, the pet shall be removed from the premises. Pets that are not caged or properly restrained may be impounded by animal control officers or by MHB staff and taken to the Mobile Animal Shelter. It shall be the responsibility of the resident to reclaim the pet at the expense of the resident. Also, if a member of the MHB staff takes a pet to the Mobile Animal Shelter the resident will be charged an additional \$50 to cover the expense of taking the pet(s) to the Mobile Animal Shelter. The MHB shall not be responsible if any animal escapes from the residence due to maintenance, inspections or other activities of the landlord.
8. Pets may not be bred or used for any commercial purposes.



9. Dog or cat owners must take care to walk their pets away from pedestrian areas.
10. Residents must post a "BEWARE OF DOG" sign at their front entrance.
11. When a pet causes physical injury of any kind to any person on the property, the MHB must be notified by the owner and the owner must remove the pet immediately. The owner must supply to the management office a notarized letter stating when the pet was removed and the location of the pet.
12. Pet owners are expected to exercise responsible and courteous behavior so that the presence of their pet on the property in no way violates the right of others to peaceful enjoyment of the premises. Dogs and cats must be obedient.
13. Visiting pets are not allowed at any time on MHB premises unless it is a Service Animal ("SEEING EYE" or "HEARING GEAR")
14. The owner of a pet will be responsible for the disposal (and the cost incurred) of the animal's remains upon death, from whatever cause, and regardless of the location of the remains of the animal on MHB property. ANIMAL REMAINS SHALL BE DISPOSED OF :

By or through the Public Works Department  
 By or through a duly licensed veterinarian; or  
 By action of the Police Department

15. Owners of dogs and cats will be responsible for submitting annually to the management office (at recertification) proof of professional extermination for fleas, ticks or other animal related pests.
16. Residents will be subject to eviction after three (3) violations in one year. Note: depending on circumstances, an eviction may be warranted before 3 violations occur in a one -year time frame.
17. The resident must provide the name, address and phone number of one or more responsible parties who will care for the pet if the pet owner becomes incapacitated or dies.
18. The resident indemnifies and holds MHB harmless of and from any damage or loss due to the resident's pets, but not exempting any negligence of the MHB, however occasioned, and also against and from all claims, damages, suits and expenses by reason of injury to any party or property owned and managed by the MHB subject to the

limitation imposed on exculpatory clauses under Federal Regulations and State Laws regarding the acts or omission of the MHB.

## **SCHEDULE OF ANNUAL FEES AND INITIAL DEPOSIT**

### **FEE AND DEPOSIT SCHEDULE (An annual fee and deposit is required for each pet)**

<u>Type of Pet</u>	<u>Fee</u>	<u>Deposit</u>
Dog	\$150	\$250
Cat	\$100	\$150
Fish Aquarium	\$50	\$100
Fish Bowl (requires no power and no larger than two gallons)	\$0	\$25
Caged Pets	\$100	\$150

Note: The above schedule is applicable for each pet; therefore, if a resident has more than one pet he or she must pay the applicable annual fee and deposit for each pet.

The entire annual fee and deposit (subject to the exceptions listed below) must be paid prior to the execution of the lease addendum. No pet shall be allowed in the unit prior to the completion of the terms of this pet policy.

The annual fee shall be paid at the time of reexamination each year and all proof of inoculations and other requirements shall be made available to the MHB at such time. The annual fee is not reimbursable. The deposit made shall be utilized to offset damages caused by the pet and/or resident. Any balance, if any, from the deposit will be refunded to the resident at the time of move-out or removal of the pet. THERE SHALL BE NO REFUND OF THE ANNUAL FEE.

It shall be a serious violation of the lease for any resident to have a pet without proper approval and without having complied with the terms of this policy. Such violation shall be considered to be a violation of Paragraph IV (L) of the lease (a serious violation) and the MHB will issue a termination notice. The resident will be entitled to a grievance hearing in accordance with the provisions of Paragraph 5 of this Pet Policy or the Grievance Procedure, as applicable.

**MOBILE HOUSING BOARD  
PET OWNERSHIP LEASE ADDENDUM  
RESIDENT ACKNOWLEDGMENT**

After reading and/or having read to me this lease addendum I, \_\_\_\_\_

(Print Name)

agree to the following:

I agree to abide by the requirements outlined in this lease addendum for pet ownership and to keep the pet(s) in accordance with this addendum.

I agree and understand that I am liable for any damage or injury whatsoever caused by pet(s) and shall pay the landlord or applicable party for any damages or injury caused by the pet(s). I also realize that I should obtain liability insurance for pet ownership and that paying for the insurance is my responsibility.

I agree to accept full responsibility and will indemnify and hold harmless the landlord for any claims by or injuries to third parties or their property caused by my pet(s).

I agree to pay a non-refundable annual fee of \$\_\_\_\_\_ to cover some of the additional operating cost incurred by the MHB. I also understand that this fee is due and payable prior to the execution of this lease addendum and each twelve months thereafter.

I agree to pay a refundable pet deposit of \$\_\_\_\_\_ to the MHB. The annual fee and initial deposit must be paid prior to the execution of this lease addendum. The pet deposit may be used by the landlord at the termination of the lease toward payment of any rent or toward payment of any other costs made necessary because of resident's occupancy of the premises. Otherwise, the pet deposit, or any balance remaining after final inspection, will be returned to the resident after the premises are vacated and all keys have been returned.

I AGREE AND UNDERSTAND THAT ALL INFORMATION CONCERNING MY PET(S) MUST BE UPDATED ANNUALLY AND PROVIDED TO THE MHB AT THE ANNUAL REEXAMINATION. ANNUAL FEES SHALL BE PAYABLE IN FULL TWELVE MONTHS FROM THE APPROVAL DATE.

I AGREE AND UNDERSTAND THAT VIOLATING THIS LEASE ADDENDUM MAY RESULT IN THE REMOVAL OF THE PET(S) FROM THE PROPERTY OF THE MHB AND/OR EVICTION. I ALSO UNDERSTAND THAT I MAY NOT BE ALLOWED TO OWN ANY TYPE OF PET IN THE FUTURE WHILE BEING AN OCCUPANT OF THE MHB.

I ALSO UNDERSTAND THAT I MUST OBTAIN PRIOR APPROVAL FROM THE MHB BEFORE MAKING A CHANGE OF A PET FOR WHICH THIS POLICY WAS APPROVED OR ADDING A SECOND PET. ALSO, A PICTURE MAY BE TAKEN BY THE MHB STAFF OF THE PET(S) FOR DOCUMENTATION.

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
MHB Representative Signature

\_\_\_\_\_  
Date

#### **14B. PET POLICY (For City of Prichard)**

[24 CFR Part 903.79(n)]

1. Pet Ownership : A resident may own one or more common household pets or have one or more common household pets present in the dwelling unit of such resident, subject to the following conditions:
  - A. Each Head of Household may own up to two pets. If one of the pets is a dog or cat, (or other four legged animal), the second pet must be contained in a cage or an aquarium for fish. Each bird or other animals, other than fish, shall be counted as one pet. For purposes of Housing Programs, domesticated animals such as dogs, cats, birds, rabbits, fish and turtles that are traditionally kept in the home for pleasure, rather than for commercial purposes, are considered as common household pets. Common household pets do not include reptiles (except turtles) or dangerous breeds of dogs such as Doberman Pinschers, Rottweilers, Bull Terriers, or any mixed breed dog with prominent characteristics of Pit Bulls or Rottweilers. Refer to Section I, Part 3 (Prohibited Animals). Acceptable turtles are Terrapin Box Turtles and Land Turtles. Snapper Turtles are unacceptable as common household pets.
  - B. If the pet is a dog or cat, it must be neutered/spayed by the age of three (3) months. The evidence can be provided by a statement/bill from a veterinarian and/or staff of the humane society. The evidence must be provided prior to the execution of this agreement and/or within 10 days of the pet becoming of the age to be neutered/spayed. Residents must provide waterproof and leak proof litter boxes for cat waste, which must be kept inside the dwelling unit. Cardboard boxes are not acceptable and will not be approved. The resident shall not permit refuse from litter boxes to accumulate nor to become unsightly or unsanitary. Also, the weight of a cat cannot exceed 10 pounds (fully grown) and a dog may not exceed 20 pounds in weight (fully grown). All other four -legged animals are limited to 10 pounds (fully grown).
  - C. If the pet is a bird, it shall be housed in a bird cage and cannot be let out of the cage at any time. Birds should be no larger than a parakeet.
  - D. If the pet is a fish, the aquarium must be twenty gallons or less, and the container must be placed in a safe location in the unit. The resident is limited to one container for the fish; however, there is no limit on the number of fish that can be maintained in the container as long as the container is maintained in a safe and nonhazardous manner. All fish must be nonpoisonous and not of a dangerous species, such as Guppies, Goldfish or Jack Dempsey.
  - E. All dogs within the City limits of Prichard over three months old are required to be licensed. Proof of current rabies inoculation is required for all license purchases.

- F. If the pet is a cat or dog, it must have received rabies and distemper inoculations or boosters, as applicable. Evidence of inoculations can be provided by a statement/bill from the county rabies officer, his/her authorized representative or any duly licensed veterinarian and must be provided before the execution of this agreement. Dogs and cats more than 3 months of age are required to be vaccinated against rabies. Vaccinations against rabies are good for one year.
- G. All pets must be housed within the unit and no facilities can be constructed outside of the unit for any pet. No animal shall be permitted to be loose and if the pet is taken outside it must be taken outside on a leash and kept off other residents lawns. Also, all pets must wear collars with identification at all times. Pets without a collar will be picked up immediately and transported to the Prichard Animal Shelter or other appropriate facility.
- H. All authorized pet(s) must be under the control of an adult. An unleashed pet, or one tied to a fixed object, is not considered to be under the control of an adult. Pets which are unleashed, or leashed and unattended, on MHB property may be impounded and taken to the Prichard Animal Shelter. It shall be the responsibility of the resident to reclaim the pet at the expense of the resident. Also, if a member of the MHB staff has to take a pet to the Prichard Animal Shelter the resident will be charged \$50 to cover the expense of taking the pet(s) to the Prichard Animal Shelter.
- I. Pet(s) may not be left unattended for more than twenty-four consecutive hours. If it is reported to MHB staff that a pet(s) has been left unattended for more than a twenty-four (24) consecutive hour period, MHB staff may enter the unit and remove the pet and transfer the pet to the Prichard Animal Shelter. Any expense to remove and reclaim the pet from any facility will be the responsibility of the resident. In the case of an emergency, the MHB will work with the resident to allow more than 24 hours for the resident to make accommodations for the pet.
- J. Pet(s), as applicable, must be weighed by a veterinarian. A statement containing the weight of the pet must be provided to the MHB prior to the execution of this agreement and upon request by the MHB.

Note: Any pet that is not fully grown will be weighed every six months. Also, any pet that exceeds the weight limit at any time during occupancy will not be an eligible pet and must be removed from MHB property.

2. Responsible Pet Ownership : Each pet must be maintained responsibly and in accordance with this pet ownership lease addendum and in accordance with all applicable ordinances, state and local public health, animal control, and animal anti-cruelty laws and

regulations governing pet ownership. Any waste generated by a pet must be properly and promptly disposed of by the resident to avoid any unpleasant and unsanitary odor from being in the unit.

3. Prohibited Animals : Animals or breeds of animals that are considered by the MHB to be vicious and/or intimidating will not be allowed. Some examples that have a reputation of a vicious nature are: reptiles, Rottweilers, Doberman Pinschers, Pit Bulldogs and/or any animal that displays vicious behavior. This determination will be made by a MHB representative prior to the execution of this lease addendum.
4. Pet(s) shall not disturb, interfere or diminish the peaceful enjoyment of other residents. The terms, "disturb, interfere or diminish" shall include but not be limited to barking, howling, chirping, biting, scratching and other like activities. This includes any pets that make noise continuously and/or incessantly for a period of 10 minutes or intermittently for one -half hour or more and therefore disturbs any person at any time of the day or night. The Housing Manager will terminate this authorization if a pet disturbs other residents under this section of the lease addendum. The resident will be given one week to make other arrangements for the care of the pet or the dwelling lease will be terminated.
5. If the animal should become destructive, create a nuisance, represent a threat to the safety and security of other persons, or create a problem in the area of cleanliness and sanitation, the Housing Manager will notify the resident, in writing, that the animal must be removed from the public housing development, within 10 days of the date of the notice from the MHB. The resident may request a hearing, which will be handled according to the MHB's established grievance procedure. The pet may remain with the resident during the hearing process unless the MHB has determined that the pet may be a danger or threat to the safety and security of other persons. If this determination has been made by the MHB, the pet must be immediately removed from the unit upon receipt of the notice from the MHB.
6. The resident is solely responsible for cleaning up the waste of the pet within the dwelling unit and on the premises of the public housing development. If the pet is taken outside it must be on a leash at all times. If there is any visible waste by the pet it must be disposed of in a plastic bag, securely tied and placed in the garbage receptacle for their unit. If the MHB staff is required to clean any waste left by a pet, the resident will be charged \$25 for the removal of the waste.

7. The resident shall have pets restrained so that maintenance can be performed in the apartment. The resident shall, whenever an inspection or maintenance is scheduled, either be at home or shall have all animals restrained or caged. If a maintenance person enters an apartment where an animal is not restrained, maintenance shall not be performed, and the resident shall be charged a fee of \$25. In addition, the work order will be considered closed with a notation – unrestrained pet (dog/cat). If this same situation again occurs, the pet shall be removed from the premises. Pets that are not caged or properly restrained may be impounded by animal control officers or by MHB staff and taken to the Prichard Animal Shelter. It shall be the responsibility of the resident to reclaim the pet at the expense of the resident. Also, if a member of the MHB staff takes a pet to the Prichard Animal Shelter the resident will be charged an additional \$50 to cover the expense of taking the pet(s) to the Prichard Animal Shelter. The MHB shall not be responsible if any animal escapes from the residence due to maintenance, inspections or other activities of the landlord.
8. Pets may not be bred or used for any commercial purposes.
9. Dog or cat owners must take care to walk their pets away from pedestrian areas.
10. Residents must post a "BEWARE OF DOG" sign at their front entrance.
11. When a pet causes physical injury of any kind to any person on the property, the MHB must be notified by the owner and the owner must remove the pet immediately. The owner must supply to the management office a notarized letter stating when the pet was removed and the location of the pet.
12. Pet owners are expected to exercise responsible and courteous behavior so that the presence of their pet on the property in no way violates the right of others to peaceful enjoyment of the premises. Dogs and cats must be obedient.
13. Visiting pets are not allowed at any time on MHB premises unless it is a Service Animal ("SEE IN GEAR" or "HEAR IN GEAR")
14. The owner of a pet will be responsible for the disposal (and the cost incurred) of the animal's remains upon death, from whatever cause, and regardless of the location of the remains of the animal on MHB property. ANIMAL REMAINS SHALL BE DISPOSED OF :

By or through the Public Works Department  
By or through a duly licensed veterinarian; or  
By action of the Police Department

15. Owners of dogs and cats will be responsible for submitting annually to the management office (at recertification) proof of professional extermination for fleas, ticks or other animal related pests.
16. Residents will be subject to eviction after three (3) violations in one year. Note: depending on circumstances, an eviction may be warranted before 3 violations occur in a one -year time frame.
17. The resident must provide the name, address and phone number of one or more responsible parties who will care for the pet if the pet owner becomes incapacitated or dies.
18. The resident indemnifies and holds MHB harmless of and from any damage or loss due to the resident's pets, but not exempting any negligence of the MHB, however occasioned, and also against and from all claims, damages, suits and expenses by reason of injury to any party or property owned and managed by the MHB subject to the limitation imposed on exculpatory clauses under Federal Regulations and State Laws regarding the acts or omission of the MHB.

## **SCHEDULE OF ANNUAL FEES AND INITIAL DEPOSIT**

### **FEE AND DEPOSIT SCHEDULE** (An annual fee and deposit is required for each pet)

<u>Type of Pet</u>	<u>Fee</u>	<u>Deposit</u>
Dog	\$150	\$250
Cat	\$100	\$150
Fish Aquarium	\$50	\$100
Fish Bowl (requires no power and no larger than two gallons)	\$0	\$25
Caged Pets	\$100	\$150

Note: The above schedule is applicable for each pet; therefore, if a resident has more than one pet he or she must pay the applicable annual fee and deposit for each pet.

The entire annual fee and deposit (subject to the exception listed below) must be paid prior to the execution of the lease addendum. No pet shall be allowed in the unit prior to the completion of the terms of this pet policy.



The annual fee shall be paid at the time of reexamination each year and all proof of inoculations and other requirements shall be made available to the MHB at such time. The annual fee is not reimbursable. The deposit made shall be utilized to offset damages caused by the pet and/or resident. Any balance, if any, from the deposit will be refunded to the resident at the time of move-out or removal of the pet. THERE SHALL BE NO REFUND OF THE ANNUAL FEE.

It shall be a serious violation of the lease for any resident to have a pet without proper approval and without having complied with the terms of this policy. Such violation shall be considered to be a violation of Paragraph IV (L) of the lease (a serious violation) and the MHB will issue a termination notice. The resident will be entitled to a grievance hearing in accordance with the provisions of Paragraph 5 of this Pet Policy or the Grievance Procedure, as applicable.

MOBILE HOUSING BOARD  
PET OWNERSHIP LEASE ADDENDUM  
RESIDENT ACKNOWLEDGMENT

After reading and/or having read to me this lease addendum I, \_\_\_\_\_  
(Print Name)  
agree to the following:

I agree to abide by the requirements outlined in this lease addendum for pet ownership and to keep the pet(s) in accordance with this addendum.

I agree and understand that I am liable for any damage or injury whatsoever caused by pet(s) and shall pay the landlord or applicable party for any damages or injury caused by the pet(s). I also realize that I should obtain liability insurance for pet ownership and that paying for the insurance is my responsibility.

I agree to accept full responsibility and will indemnify and hold harmless the landlord for any claims by or injuries to third parties or their property caused by my pet(s).

I agree to pay a non-refundable annual fee of \$\_\_\_\_\_ to cover some of the additional operating cost incurred by the MHB. I also understand that this fee is due and payable prior to the execution of this lease addendum and each twelve months thereafter.

I agree to pay a refundable pet deposit of \$\_\_\_\_\_ to the MHB. The annual fee and initial deposit must be paid prior to the execution of this lease addendum. The pet deposit may be used by the landlord at the termination of the lease toward payment of any rent or toward payment of any other costs made necessary because of resident's occupancy of the premises. Otherwise, the pet deposit, or any balance remaining after final inspection, will be returned to the resident after the premises are vacated and all keys have been returned.

I AGREE AND UNDERSTAND THAT ALL INFORMATION CONCERNING MY PET(S) MUST BE UPDATED ANNUALLY AND PROVIDED TO THE MHB AT THE ANNUAL REEXAMINATION. ANNUAL FEES SHALL BE PAYABLE IN FULL TWELVE MONTHS FROM THE APPROVAL DATE.

I AGREE AND UNDERSTAND THAT VIOLATING THIS LEASE ADDENDUM MAY RESULT IN THE REMOVAL OF THE PET(S) FROM THE PROPERTY OF THE MHB AND/OR EVICTION. I ALSO UNDERSTAND THAT I MAY NOT BE ALLOWED TO OWN ANY TYPE OF PET IN THE FUTURE WHILE BEING AN OCCUPANT OF THE MHB.

I ALSO UNDERSTAND THAT I MUST OBTAIN PRIOR APPROVAL FROM THE MHB BEFORE MAKING A CHANGE OF A PET FOR WHICH THIS POLICY WAS APPROVED OR ADDING A SECOND PET. ALSO, A PICTURE MAY BE TAKEN BY THE MHB STAFF OF THE PET(S) FOR DOCUMENTATION.

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
MHB Representative Signature

\_\_\_\_\_  
Date

## **15. Civil Rights Certifications**

[24CFR Part 903.79(o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.

## **16. Fiscal Audit**

[24CFR Part 903.79(p)]

1. ☒ Yes ☐ No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?  
(If no, skip to component 17.)
2. ☐ Yes ☒ No: Was the most recent fiscal audit submitted to HUD? **Audit in progress**
3. ☐ Yes ☐ No: Were there any findings as the result of that audit? **Audit in progress**
4. ☐ Yes ☐ No: If there were any findings, do any remain unresolved?  
If yes, how many unresolved findings remain? \_\_\_\_\_
5. ☐ Yes ☐ No: Have responses to any unresolved findings been submitted to HUD?  
If not, when are they due (state below)?

## **17. PHA Asset Management**

[24CFR Part 903.79(q)]

**Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component.**

1. ☒ Yes ☐ No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?
2. What types of asset management activities will the PHA undertake? (select all that apply)
  - ☐ Not applicable
  - ☐ Private management
  - ☒ Development-based accounting
  - ☐ Comprehensive stock assessment
  - ☒ Other: (list below)  
Energy assessment/utility audit
3. ☐ Yes ☒ No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

## **18. Other Information**

[24CFR Part 903.79(r)]

### **A. Resident Advisory Board Recommendations**

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)

- ☐ Attached at Attachment (Filename)  
☐ Provided below:

3. In what manner did the PHA address those comments? (select all that apply)

- ☐ Considered comments, but determined that no changes to the PHA Plan were necessary.  
☐ The PHA changed portions of the PHA Plan in response to comments  
 List changes below:  
☐ Other: (list below)

### B. Description of Election process for Residents on the PHA Board

1. ☐ Yes ☒ No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)  
 2. ☐ Yes ☒ No: Was there a resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

### 3. Description of Resident Election Process

a. Nomination of candidates for place on the ballot: (select all that apply)

- ☐ Candidates were nominated by resident and assisted family organizations  
☐ Candidates could be nominated by any adult recipient of PHA assistance  
☐ Self-nomination: Candidates registered with the PHA and requested a place on ballot  
☐ Other: (describe)

b. Eligible candidates: (select one)

- ☐ Any recipient of PHA assistance  
☐ Any head of household receiving PHA assistance  
☐ Any adult recipient of PHA assistance  
☐ Any adult member of a resident or assisted family organization  
☐ Other (list)

c. Eligible voters: (select all that apply)

- ☐ All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)  
☐ Representatives of all PHA resident and assisted family organizations  
☐ Other (list)

### C. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here) City of Mobile

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☒ The PHA has based its statement of needs of families in the jurisdiction on the need expressed in the Consolidated Plan/s.
- ☒ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☒ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☐ Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
- ☐ Other: (list below)

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

Annually funds activities for youth recreation and counseling services, job training and development, added police security, and housing rehabilitation services under the Community Development Block Grant Program. In addition, collaborates with the Mobile Housing Board (MHB) by setting aside funds for the MHB to provide Tenant Based Rental Assistance under the HOME program.

#### **D. Other Information Required by HUD**

Use this section to provide any additional information requested by HUD.

### **Required Attachments**

**Attachment A:** Deconcentration of Poverty and Income Mixing

**Attachment B:** Voluntary Conversion Initial Assessments

**Attachment C:** Membership of the Resident Advisory Board

- AttachmentD:** ResidentMembershipofaPHAGovernin gBoard
- AttachmentE:** FY2002CapitalFundAnnualStatement
- AttachmentF:** FY2002CapitalFundProgramFive -YearActionPlan
- AttachmentG:** PHDEPPlan
- AttachmentH:** AssessmentofSite -BasedWaitingListDevelopment  
DemographicChanges
- AttachmentI:** ProgressReport
- AttachmentJ:** FiscalYear2000CustomerService&SatisfactionSurvey  
Follow-UpPlans
- I. Communication
  - II. Safety
  - III. NeighborhoodAppearance

### **OptionalAttachments**

- AttachmentK:** PHAManageme ntOrganizationChart

AnnualStatement/PerformanceandEvaluationReport  
ComprehensiveGrantProgram(CGP) PartI:Summary

U.S.DepartmentofHousing  
andUrbanDevelopment  
OfficeofPublicandIndianHousing

OMBApprovalNo.2577 -0157(Exp.7/31/98)

HAName

MobileHousingBoard

ComprehensiveGrantNumber

AL09P002708

FFYofGrantApproval

1999

OriginalAnnualStatement ReserveforDisaster/Emergencies Revised AnnualStatement/RevisionNumber 4 Performance&EvaluationReportforProgramYearEnding 6/30/01  
FinalPerformance&EvaluationReport

LineNo.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost(2 )	
		Original	Revised(1)	Obligated	Expended
1	TotalNon -CGPFunds				
2	1406Operations(Maynotexceed10%offline19)	\$138,500.00		\$138,500.00	\$138,500.00
3	1408 ManagementImprovements	\$583,615.00	\$612,775.00	\$612,775.00	\$356,112.00
4	1410 Administration	\$411,181.00		\$411,181.00	\$140,709.00
5	1411 Audit				
6	1415 LiquidatedDamages				
7	1430 FeesandCosts	\$359,200.00		\$359,200.00	\$9,923.00
8	1440 SiteAcquisition				
9	1450 SiteImprovement	\$454,800.00		\$454,800.00	\$450.00
10	1460 DwellingStructures	\$5,562,833.00	\$5,533,673.00	\$5,533,673.00	\$306,723.00
11	1465.1 DwellingEquipment -Non -expendable	\$4,800.00		\$4,800.00	
12	1470 Non-dwellingStructures	-0-		-0-	\$17,053.00
13	1475 Non-dwellingEquipment	-0-		-0-	-0-
14	1485 Demolition				
15	1490 ReplacementReserve				
16	1495.1 RelocationCosts				
17	1498ModUsedforDevelopment				
18	1502 Contingency(Maynotexceed8%offline19)(4.2%)	\$336,500.00		\$336,500.00	
19	AmountofAnnualGrant(Sumoflines2 -18)	\$7,851,429.00		\$7,851,429.00	\$969,470.00
20	Amountoffline19RelatedLBPActivities				
21	Amountoffline19Relatedto Section504Compliance				
22	Amountoffline19RelatedtoSecurity				
23	Amountoffline19RelatedtoEnergyConservationMeasures				

SignatureofExecutiveDirectorandDate

X

SignatureofPublicHousingDirector/OfficeofNativeAmericanProgramsAdministratorandDate

X

1-TobecompletedforthePerformanceandEvaluationreportoraRevisedAnnualStatement  
2-TobecompletedforthePerformanceandEvaluationReport.

Page

1 of 8

FacsimileformHUD

-52837(10/96)Handbook7485.3

Development Number/Name HA -Wide Activities	GeneralDescriptionofMajor WorkCategories	Development AccountNumber	Quantity	TotalEstimatedCost		TotalActualCost		StatusofProposed Work(2)
				Original	Revised(1)	Funds Obligated(2)	Funds Expended(2 )	
<b>PHA-WIDE MANAGE-MENT IMPROVE- MENTs</b>		<b>1408</b>						
<b>A)</b>	ProvideManagementTechnicalAssistant Consultant			\$50,000.00		\$50,000.00	\$4,195.00	
<b>B)</b>	StaffTraining			100,000.00	\$105,170.00	\$105,170.00	\$105,170.00	
<b>C)</b>	StrategicPlanning			-0-		-0-	-0-	
<b>D)</b>	ProvideComputerUpgrades			75,000.00	\$98,883.00	98,883.00	98,883.00	
<b>E)</b>	Marketing&AdvertisingCampaign			3,000.00	3,107.00	3,107.00	3,107.00	
<b>F)</b>	VacancyReductionProgram			-0-		-0-	-0-	
<b>G)</b>	ProvideSummerYouthEmploymentProgram			80,000.00		80,000.00	63,119.00	
<b>H)</b>	Supportive SalaryProrationsofNewPositions andUnitMarketabilityPersonnel 1.DirectorofHousingManagement -50% 2.OfficeAssistantI -50% (HousingManagementOffice) 3.DirectorofRentalHousingPrograms -50% 4.HVACMechanic -100% 5.Painters -100% 6.PublicHousingBuilding -10% MaintenanceSupervisors 7.VehicleMechanic -100% 8.ComputerSupportCoordinator -5% 9.DirectorofAdminstation& -50% Planning 10.HumanResouceOfficer -50%			275,615.00		275,615.00	81,638.00	
	<u>SUB-TOTAL1408</u>			<u>\$583,615.00</u>	<u>\$612,775.00</u>	<u>\$612,775.00</u>	<u>\$356,112.00</u>	

SignatureofExecutiveDirectorandDate

SignatureofPublicHousingDirector/OfficeofNativeAmericanProgramsAdministratorandDate

**X****X**

(1)TobecompletedforPerformanceandEvaluationReportoraRevisedAnnualStatementFacsimileofformHUD

-52837(10/96)refHan dbook7485.3

(2)TobecompletedforthePerformanceandEvaluationReport.

Page

2 of 8



Annual Statement/Performance and Evaluation  
Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB Approval No. 2577 -0157 (Exp. 7/31/98)

Development Number/Name HA -Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
<b>PHA-WIDE ADMINISTRATION</b>		<b>1410</b>						
<b>A)</b>	<b>Non-Technical Salaries for One (1) Year:</b>	<b>1410.1</b>		<b>\$60,621.00</b>		<b>\$60,621.00</b>	<b>21,894.00</b>	
	1-Office Assistant II 1-Office Assistant I							
<b>B)</b>	<b>Technical Salaries For One (1) Year:</b>	<b>1410.2</b>		<b>190,190.00</b>		<b>190,190.00</b>	<b>85,048.00</b>	
	1-Director of Mod. & Development 1-Modernization Coordinator 1-Building Maintenance Superintendent 1-Public Service Supervisor 10%-Executive Director 10%-Comptroller 10%-Purchasing Agent 5% -Data Processing Manager 5% -Computer Support Coordinator							
<b>C)</b>	<b>Employee Benefits Contribution</b>	<b>1410.9</b>		<b>103,370.00</b>		<b>103,370.00</b>	<b>23,578.00</b>	
<b>D)</b>	<b>Travel</b>	<b>1410.10</b>		<b>4,500.00</b>		<b>4,500.00</b>	<b>-0-</b>	
<b>E)</b>	<b>Publications</b>	<b>1410.12</b>		<b>1,000.00</b>		<b>1,000.00</b>	<b>-0-</b>	
<b>F)</b>	<b>Telephone and Facsimile</b>	<b>1410.16</b>		<b>1,500.00</b>		<b>1,500.00</b>	<b>1,399.00</b>	
<b>G)</b>	<b>Sundry</b>	<b>1410.19</b>		<b>50,000.00</b>		<b>50,000.00</b>	<b>8,790.00</b>	
	<b><u>SUB-TOTAL 1410</u></b>			<b><u>\$411,181.00</u></b>		<b><u>\$411,181.00</u></b>	<b><u>\$140,709.00</u></b>	

Signature of Executive Director and Date

**X**

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**X**

Development Number/Name/Head A - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
AL2 -3 ROGER WILLIAMS HOMES	Installation of Tot Lot(s)	1450		\$ -0-		-0-	-0-	
	<u>SUB-TOTAL AL2 -3</u>			<u>-0-</u>		<u>-0-</u>	<u>-0-</u>	
AL2 -5 THOMAS JAMES PLACE	Comprehensive Interior and Exterior Renovations to Twelve (12) Dwelling Units	1460		\$696,000.00		\$696,000.00	-0-	
	Landscaping, Parking Improvements, Tot Lot and Concrete Sidewalks to 12 Dwelling Units	1450		108,800.00		108,800.00	-0-	
	Provide Refrigerators to 12 Dwelling Units						-0-	
	A/E Design and Inspection	1465		4,800.00		4,800.00	-0-	
	<u>SUB-TOTAL AL2 -5</u>							
		1430		64,384.00		64,384.00	-0-	
AL2 -8 JOSEPHINE ALLEN HOMES				<u>\$873,984.00</u>		<u>\$873,984.00</u>	<u>-0-</u>	
	Upgrade Bathrooms & Redecorate 20 Dwelling Units	1460		\$-0-		-0-	-0-	
	Replace Soffits	1460		-0-		-0-	-0-	
	Installation of Tot Lot(s)	1450		-0-		-0-	\$450.00	
	<u>SUB-TOTAL AL2 -8</u>			<u>\$-0-</u>		<u>-0-</u>	<u>\$450.00</u>	
AL2 -9 JESSE THOMAS HOMES								
	Replace Windows, Exterior Doors and Roofing Shingles to 100 Units	1460		\$450,000.00		\$450,000.00	\$181,607.00	
	A/E Design and Inspection	1430		52,740.00		52,740.00	8,577.00	
	<u>SUB-TOTAL AL2 -9</u>			<u>\$502,740.00</u>		<u>\$502,740.00</u>	<u>\$190,184.00</u>	
AL2 -10 R.V. TAYLOR PLAZA								
	Installation of Tot Lot(s)	1450		\$-0-		-0-	-0-	
	<u>SUB-TOTAL AL2 -10</u>			<u>\$-0-</u>		<u>-0-</u>	<u>-0-</u>	

Signature of Executive Director and Date

X

Signature of Public Housing Director/Office of Native American

Programs Administrator and Date

Annual Statement/Performance and Evaluation  
Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB Approval No. 2577 -0157 (Exp. 7/31/98)

Development Number/Name HA -Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
AL2 -11 THOMAS JAMES PLACE	Comprehensive Interior and Exterior Renovations to 70 units	1460		\$4,416,833.00		\$4,416,833.00	\$125,116.00	
	Landscaping, Parking Improvements, Tot Lots and Concrete Sidewalks	1450		346,000.00	\$316,840.00	316,840.00	-0-	
	Lead-based Paint Clearance Testing	1430		\$10,000.00		\$10,000.00	-0-	
	A/E Design and Inspection	1430		230,730.00		230,730.00	-0-	
	Renovation of Modernization & Administration Offices	1470		-0-		-0-	17,053.00	
	Landscaping and Fencing of Modernization & Administration Offices	1450		-0-		-0-	-0-	
	Renovation of Refrigeration Shop	1470		-0-		-0-	-0-	
	Purchase Street Vacuum(s) @ \$52,000.00	1475		-0-		-0-	-0-	
	Purchase Utility Vehicle(s) @ \$48,000.00			-0-			-0-	
	<u>SUB-TOTAL AL2 -11</u>			<u>\$4,903,563.00</u>	<u>\$4,974,403.00</u>	<u>\$4,974,403.00</u>	<u>\$142,169.00</u>	
AL2 -12 CENTRAL PLAZA TOWERS	Provide Air Conditioning to 70 Dwelling Units	1460		\$-0-		-0-	-0-	
	A/E Design and Inspection	1430		-0-		-0-	-0-	
	<u>SUB-TOTAL AL2 -12</u>			<u>\$-0-</u>		<u>-0-</u>	<u>-0-</u>	
AL2 -13 EMERSON GARDENS	Provide Central Heat and Air Conditioning to 94 Dwelling Units	1460		\$-0-		-0-	-0-	
	Provide Electrical Disconnect to Condensing Units	1460		-0-		-0-	-0-	
	Replace Wooden Columns and Encapsulate Exterior of All Buildings (37)	1460		-0-		-0-	-0-	

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

X

X

(1) To be completed for Performance and Evaluation Report or a Revised Annual Statement.

Facsimile of form HUD -52837 (10/96) ref Handbook 7485.3

(2) To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation  
Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB Approval No. 2577 -0157 (Exp. 7/31/98)

Development Number/Name HA -Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
AL2 -13 EMERSON GARDENS (CONTINUED)	Replace 188 Screen Doors	1460		-0-		-0-	-0-	
	Replace 252 Single -hung Windows with Insulated Windows and Screens	1460		-0-		-0-	-0-	
	Replace 94 Hot Water Heaters	1460		-0-		-0-	-0-	
	A/E Design and Inspection	1430		-0-		-0-	-0-	
	<b><u>SUB-TOTAL AL2 -13</u></b>			<b><u>\$-0-</u></b>		<b><u>-0-</u></b>	<b><u>-0-</u></b>	
AL2 -15 CENTRAL PLAZA TOWER	Provide Air Conditioning to 24 Dwelling Units	1460		-0-		-0-	-0-	
	A/E Design and Inspection	1430		1,346.00		1,346.00	1,346.00	
	<b><u>SUB-TOTAL AL2 -16</u></b>			<b><u>\$1,346.00</u></b>		<b><u>\$1,346.00</u></b>	<b><u>\$1,346.00</u></b>	
AL2 -16 FRANK BOYKIN TOWER	Provide Air Conditioning to 24 Dwelling Units	1460		\$-0-		-0-	-0-	
	Install Screen Door on Patio	1460		-0-		-0-	-0-	
	A/E Design and Inspection	1430		-0-		-0-	-0-	
	<b><u>SUB-TOTAL AL2 -16</u></b>			<b><u>\$-0-</u></b>		<b><u>\$-0-</u></b>	<b><u>-0-</u></b>	
	<b><u>GRAND TOTAL</u></b>			<b><u>\$7,851,429.00</u></b>				

Signature of Executive Director and Date

**X**

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**X**

(1) To be completed for Performance and Evaluation Report or a Revised Annual Statement.  
(2) To be completed for the Performance and Evaluation Report.

AnnualStatement/PerformanceandEvaluation  
ComprehensiveGrantProgram(CGP) **PartIII:ImplementationSchedule**

U.S.DepartmentofHousing  
andUrbanDevelopment  
OfficeofPublicandIndianHousing

Development Number/Name HA -Wide Activities	AllFundsObligated(QuarterEndingDate)			AllFundsExpended(QuarterEndingDate)			ReasonsforRevisedTargetDates(2)
	Original	Revised(1)	Actual(2)	Original	Revised(1)	Actual(2)	
<b>PHA-WIDE MANAGE- MENT</b>							
<b>IMPROVE- MENTS</b>							
A)	03/2001		3/2001	09/2002		6/2001	
B)	03/2001		3/2001	09/2002		6/2001	
C)	N/A		N/A	N/A		N/A	
D)	03/2001		3/2001	09/2002		6/2001	
E)	03/2001		3/2001	09/2002		6/2001	
F)	03/2001		N/A	09/2002		N/A	
G)	03/2001		3/2001	09/2002			
H)	03/2001		3/2001	09/2002			
<b>FEESAND COSTS</b>							
AL2 -6	03/2001		N/A	09/2002		N/A	
AL2 -9	03/2001		3/2001	09/2002		6/2001	
AL2 -11	03/2001		3/2001	09/2002			
AL2 -12	03/2001		N/A	09/2002		N/A	
AL2 -13	03/2001		N/A	09/2002		N/A	
AL2 -15	03/2001		3/2001	09/2002		3/2001	
AL2 -16	03/2001		N/A	09/2002		N/A	

SignatureofExecutiveDirectorandDate

**X**

SignatureofPublicHousingDirector/Of ficeofNativeAmericanProgramsAdministratorandDate

**X**

(1)TobecompletedforthePerformanceandEvaluationReportoraRevisedAnnualStatement.

(2) TobecompletedforthePerformanceandEvaluationReport.

Facsimileofform **HUD-52837**(10/96) refHandbook748

Annual Statement/Performance and Evaluation  
Comprehensive Grant Program (CGP) **Part III: Implementation Schedule**

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

Development Number/Name HA -Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
<b>AL2 -3</b> ROGER WILLIAMS	<b>03/2001</b>		<b>N/A</b>	<b>09/2002</b>		<b>N/A</b>	
<b>AL2 -6</b> GULF VILLAGE	<b>03 /2001</b>		<b>N/A</b>	<b>09/2002</b>		<b>N/A</b>	
<b>AL2 -8</b> JOSEPHINE ALLEN	<b>03/2001</b>		<b>N/A</b>	<b>09/2002</b>		<b>N/A</b>	
<b>AL2 -9</b> JESSE THOMAS	<b>03/2001</b>		<b>3/2001</b>	<b>09/2002</b>		<b>6/2001</b>	
<b>AL2 -10</b> R.V.TAYLOR PLAZA	<b>03/2001</b>		<b>N/A</b>	<b>09/2002</b>		<b>N/A</b>	
<b>AL2 -11</b> THOMAS JAMES PLACE	<b>03/2001</b>			<b>09/2002</b>			
<b>AL2 -12</b> CENTRAL PLAZA TOWERS	<b>03/2001</b>		<b>N/A</b>	<b>09/2002</b>		<b>N/A</b>	
<b>AL2 -13</b> EMERSON GARDENS	<b>03/2001</b>		<b>N/A</b>	<b>09/2002</b>		<b>N/A</b>	
<b>AL2 -15</b> CENTRAL PLAZA TOWERS	<b>03/2001</b>		<b>N/A</b>	<b>09/2002</b>		<b>N/A</b>	
<b>AL2 -16</b> FRANK BOYKIN TOWER	<b>03/2001</b>		<b>N/A</b>	<b>09/2002</b>		<b>N/A</b>	

Signature of Executive Director and Date

**X**

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**X**

(1) To be completed for the Performance and Evaluation Report or a Revised Annual

Statement.

Page 8 of 8

Facsimile of form **HUD-52837** (10/96)

ref Handbook 7485.3

(2) To be completed for the Performance and Evaluation Report.

# AnnualStatement/PerformanceandEvaluationReport ComprehensiveGrantProgram(CGP) Part I:Summary

andUrbanDevelopment  
OfficeofPublicandIndianHousing

HAName <b>MOBILEHOUSINGBOARD</b>	ComprehensiveGrant Number <b>AL09P00250100</b>	FFYofGrantApproval <b>2000</b>
-------------------------------------	---------------------------------------------------	-----------------------------------

☒ OriginalAnnualStatement ReserveforDisaster/Emergencies RevisedAnnualStatement/RevisionNumber 2 Performance&EvaluationReportforProgramYearEnding 6/30/01  
☐ FinalPerformance&EvaluationReport

LineNo.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost(2)	
		Original	Revised(1)	Obligated	Expended
1	TotalNon -CGPFunds				
2	1406Operations(Maynotexceed10%offline19)	\$196,000.00			
3	1408 ManagementImprovements	\$685,615.00			\$450.00
4	1410 Administration	380,681.00			59.00
5	1411 Audit				
6	1415 LiquidatedDamages				
7	1430 FeesandCosts	\$348,353.00	\$378,529.00		5,580.00
8	1440 SiteAcquisition				
9	1450 SiteImprovement	156,000.00			
10	1460 DwellingStructures	4,998,717.00	4,968,717.00		
11	1465.1 DwellingEquipment -Nonexpendable				
12	1470 NondwellingStructures	1,201,177.00			
13	1475 NondwellingEquipment	30,000.00			1,992.00
14	1485 Demolition				
15	1490 ReplacementReserve				
16	1495.1 RelocationCosts				
17	1498ModUsedforDevelopment				
18	1502 Contingency( Maynotexceed8%offline19)				
19	AmountofAnnualGrant(Sumoflines2 -18)	\$7,996,543.00			
20	Amountoffline19RelatedLBPActivities				
21	Amountoffline19RelatedtoSection504Compliance				
22	Amountoffline19Rel atedtoSecurity				
23	Amountoffline19RelatedtoEnergyConservationMeasures				

SignatureofExecutiveDirectorandDate

**X**

SignatureofPublicHousingDirector/OfficeofNativeAmericanProgramsAdministratorandDate

**X**

1- TobecompletedforthePerformanceandevaluationreportoraRevisedAnnualStatement  
2- TobecompletedforthePerformanceandEvaluationReport.

Page

1 of 8

FacsimileformHUD -52837(10/96)Handbook7485.3

Annual Statement/Performance and Evaluation  
Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB Approval No. 2577 -0157 (Exp. 7/31/98)

Development Number/Name HA -Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
<b>PHA-WIDE MANAGE-MENT IMPROVE- MENTS</b>		<b>1408</b>						
A)	Provide Technical Assistance Management Consultant			\$50,000.00				
B)	Provide Staff Training			100,000.00				
C)	Strategic Planning			10,000.00				
D)	Provide Computer Upgrades and Equipment			100,000.00			\$450.00	
E)	Marketing & Advertising Campaign			50,000.00				
F)	Telecommunication System Upgrades			20,000.00				
G)	Vacancy Reduction Program			-0-				
H)	Provide Summer Youth Employment Program			80,000.00				
I)	Supportive Salary Proration of New Positions and Unit Marketability Personnel			275,615.00				
	1. Director of Housing Management -50%							
	2. Office Assistant I -50% (Housing Management Office)							
	3. Director of Rental Housing Programs -50%							
	4. HVAC Mechanic -100%							
	5. Painters -100%							
	6. Public Housing Building Maintenance Supervisors -10%							
	7. Vehicle Mechanic -100%							
	8. Computer Support Coordinator -5%							
	9. Director of Administration & Planning -50%							
	10. Human Resource Officer -50%							
	<b><u>SUB-TOTAL 1408</u></b>			<b><u>\$985,615.00</u></b>	<b><u>\$685,615.00</u></b>		<b><u>\$450.00</u></b>	

Signature of Executive Director and Date

X

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

X



Annual Statement/Performance and Evaluation  
Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB Approval No. 2577 -0157 (Exp. 7/31/98)

Development Number/Name HA -Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
<b>PHA-WIDE ADMINISTRATION</b>		<b>1410</b>						
<b>A)</b>	<b>Non-Technical Salaries for One (1) Year:</b>	<b>1410.1</b>		<b>\$60,621.00</b>				
	<b>1-Office Assistant II</b>							
	<b>1 -Office Assistant I</b>							
<b>B)</b>	<b>Technical Salaries For One (1) Year:</b>	<b>1410.2</b>		<b>190,190.00</b>				
	<b>1-Director of Mod. &amp; Development</b>							
	<b>1-Modernization Coordinator</b>							
	<b>1-Building Maintenance Superintendent</b>							
	<b>1-Public Service Supervisor</b>							
	<b>10%-Executive Director</b>							
	<b>10%-Comptroller</b>							
	<b>10%-Purchasing Agent</b>							
	<b>5% -Data Processing Manager</b>							
	<b>5% -Computer Support Coordinator</b>							
<b>C )</b>	<b>Employee Benefits Contribution</b>	<b>1410.9</b>		<b>103,370.00</b>				
<b>D)</b>	<b>Travel</b>	<b>1410.10</b>		<b>5,000.00</b>				
<b>E)</b>	<b>Publications</b>	<b>1410.12</b>		<b>1,000.00</b>				
<b>F)</b>	<b>Telephone and Facsimile</b>	<b>1410.16</b>		<b>500.00</b>				
<b>G)</b>	<b>Sundry</b>	<b>1410.19</b>		<b>20,000.00</b>			<b>\$59.00</b>	
	<b><u>SUB-TOTAL 1410</u></b>			<b><u>\$380,681.00</u></b>			<b><u>\$59.00</u></b>	

Signature of Executive Director and Date

**X**

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**X**

AnnualStatement/PerformanceandEvaluation  
ComprehensiveGrantProgram(CGP )**PartIII: SupportingPages**

**U.S.DepartmentofHousing  
andUrbanDevelopment**  
OfficeofPublicandIndianHousing

OMBApprovalNo.2577 -0157(Exp.7/31/98)

Development Number/Name HA -Wide Activities	GeneralDescriptionofMajor WorkCategories	Development AccountNumber	Quantity	TotalEstimatedCost		TotalActualCost		StatusofProposed Work(2)
				Original	Revised(1)	Funds Obligated(2)	Funds Expended(2)	
<b>AL2 -1 OAKLAWN HOMES</b>	<b>InstallAdditionalPlayground(TotLot)</b>	<b>1450</b>		<b>\$16,000.00</b>				
	<b><u>SUB-TOTALAL2 -1</u></b>			<b><u>\$16,000.00</u></b>				
<b>AL2 -3 ROGER WILLIAMS HOMES</b>	<b>InstallationofTotLot(s)</b>	<b>1450</b>		<b>\$25,000.00</b>				
	<b><u>SUB-TOTALAL2 -3</u></b>			<b><u>\$25,000.00</u></b>				
<b>AL2 -8 JOSEPHINE ALLEN HOMES</b>	<b>UpgradeBathrooms&amp;redecorate20 DwellingUnits</b>	<b>1460</b>		<b>\$338,869.00</b>				
	<b><u>SUB-TOTALAL2 -8</u></b>			<b><u>\$338,869.00</u></b>				
<b>AL2 -9 JESSE THOMAS HOMES</b>	<b>ReplaceWindowsandExteriorDoorsto 80DwellingUnits</b>	<b>1460</b>		<b>-0-</b>				
	<b>InstallTwo(2)Playgrounds(TotLots)</b>	<b>1450</b>		<b>32,000.00</b>				
	<b>A&amp;EFeesforDesign Services&amp;Costs</b>	<b>1430</b>		<b>4,000.00</b>				
	<b><u>SUB-TOTALAL2 -9</u></b>			<b><u>\$36,000.00</u></b>				
<b>AL2 -10 R.V.TAYLOR PLAZA</b>	<b>ReplaceAsbestos -containingFloorTile to450DwellingUnits</b>	<b>1460</b>		<b>\$1,056,866.00</b>				
	<b>A&amp;EFeesforDesignServices&amp;Costs</b>	<b>1430</b>		<b>75,629.00</b>				
	<b>InstallationofTotLot(s)</b>	<b>1450</b>		<b>\$25,000.00</b>				
	<b><u>SUBTOTALAL2 -10</u></b>			<b><u>\$1,157,495.00</u></b>				
<b>AL2 -11 THOMAS JAMES PLACE</b>	<b>ComprehensiveRenovations (FinalPhase)</b>	<b>1460</b>		<b>\$2,769,870.00</b>				
	<b>A&amp; EFeesforDesignServices&amp;Costs</b>	<b>1430</b>		<b>265,290.00</b>			<b>\$5,580.00</b>	
	<b>DemolitionRefrigerationShop</b>	<b>1470</b>		<b>\$245,114.00</b>				
	<b>RenovationofCapitalImprovements&amp; AdministrationOffice</b>	<b>1470</b>		<b>956,063.00</b>				

SignatureofExecutiveDirectorandDate

**X**

147SignatureofPublicHousingDirector/OfficeofNativeAmericanProgramsAdministratorandDate

**X**

Annual Statement/Performance and Evaluation  
Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

O, MB Approval No. 2577 -0157 (Exp. 7/31/98)

Development Number/Name HA -Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Development Number/Name HA -Wide Activities
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
<b>AL2 -11 THOMAS JAMES PLACE (CONTINUED)</b>	<b>Landscaping and Fencing of Modernization &amp; Administration Offices</b>	<b>1450</b>		<b>\$10,000.00</b>				
	<b>Purchase Office Furniture &amp; Equipment for Various Sites @ \$30,000.00</b>	<b>1475</b>		<b>30,000.00</b>			<b>\$1,992.00</b>	
	<b>Termite Damage Repair: Replace Floor Joist, Wall Studs, Sheetrock, Ceiling Rafters and Wood Trim to 20 units</b>	<b>1460</b>		<b>\$300,000.00</b>				
				<b><u>\$4,576,337.00</u></b>			<b><u>\$7,572.00</u></b>	
	<b><u>SUB-TOTAL AL2 -11</u></b>							
<b>AL2 -12 CENTRAL PLAZA TOWERS</b>	<b>Provide Air -Conditioning to 70 Dwelling Units</b>	<b>1460</b>		<b>\$-0-</b>				
	<b>A &amp; E Fees for Design Services &amp; Costs</b>	<b>1430</b>		<b>-0</b>				
	<b><u>SUB-TOTAL AL2 -12</u></b>			<b><u>\$-0</u></b>				
<b>AL2 -13 EMERSON GARDENS</b>	<b>Provide Central Heat and Air Conditioning to 94 Dwelling Units</b>	<b>1460</b>		<b>\$195,050.00</b>				
	<b>Provide Electrical Disconnects to Condensing Units</b>	<b>1460</b>		<b>24,440.00</b>				
	<b>Replace Wooden Columns and Encapsulate Exterior of All Buildings (37)</b>	<b>1460</b>		<b>148,000.00</b>				

Signature of Executive Director and Date

**X**

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**X**

Annual Statement/Performance and Evaluation  
Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB Approval No. 2577 -0157 (Exp. 7/31/98)

Development Number/Name HA -Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
AL2 -13 EMERSON GARDENS (CONTINUED)	Replace 188 Screen Doors	1460		\$37,600.00				
	Replace 252 Single -hung Windows with Insulated Windows and Screens	1460		81,396.00				
	Replace 94 Hot Water Heaters	1460		16,450.00				
	A/E Design and Inspection	1430		30,176.00				
	<u>SUB-TOTAL AL2 -13</u>			<u>\$533,112.00</u>				
AL 2 -15 CENTRAL PLAZA TOWERS	Provide Air -Conditioning to 24 Dwelling Units	1450		\$-0-				
	A&E Fees for Design Services & Costs	1430		-0-				
	<u>SUB-TOTAL AL2 -15</u>			<u>\$-0-</u>				
AL2 -16 FRANK BOYKIN TOWER	Install Screen Door on Patio	1450		\$48,000.00				
	A&E Fees for Design Services & Costs	1430		3,434.00				
	<u>SUB-TOTAL AL2 -16</u>			<u>\$51,434.00</u>				
	<u>GRAND TOTAL</u>			<u>&amp;7,996,543.00</u>				

Signature of Executive Director and Date

X

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

X

(1) To be completed for Performance and Evaluation Report or a Revised Annual Statement  
(2) To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation  
Comprehensive Grant Program (CGP) **Part III: Implementation Schedule**

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB Approval No. 2577 -0157 (Exp. 7/31/98)

Development Number/Name HA -Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
<b>PHA-WIDE MANAGEMENT IMPROVEMENTS</b>							
A)	03/2002			09/2003			
B)	03/2002			09/2003			
C)	03/2002			09/2003			
D)	03/2002			09/2003			
E)	03/2002			09/2003			
F)	03/2002			09/2003			
G)	03/2002			09/2003			
H)	03/2002			09/2003			
I)	03/2002			09/2003			
<b>FEES AND COSTS</b>							
AL2 -9	03/2002			09/2003			
AL2 -10	03/2002			09/2003			
AL2 -11	03/2002			09/2003			
AL2 -12	03/2002			09/2003			
AL2 -15	03/2002			09/2003			
AL2 -16	03/2002			09/2003			

Signature of Executive Director and Date

**X**

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**X**

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

(2) To be completed for the Performance and Evaluation Report.

Page

Page 7 of 8

Facsimile of form HUD-52837 (10/96)

ref Handbook 7485.3

Annual Statement/Performance and Evaluation  
Comprehensive Grant Program (CGP) **Part III: Implementation Schedule**

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB Approval No. 2577 -0157 (Exp. 7/31/98)

Development Number/Name HA -Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
AL2 -1 OAKLAWN HOMES	03/2002			09/2003			
AL2 -3 ROGER WILLIAMS	03/2002			09/2003			
AL2 -8 JOSEPHINE ALLEN HOMES	03/2002			09/2003			
AL2 -9 JESSE THOMAS HOMES	03/2002			09/2003			
AL2 -10 R.V. TAYLOR PLAZA	03/2002			09/2003			
AL2 -11 THOMAS JAMES PLACE	03/2002			09/2003			
AL2 -12 CENTRAL PLAZA TOWERS	03/2002			09/2003			
AL2 -13 EMERSON GARDENS	03/2002			09/2003			
AL2 -15 CENTRAL PLAZA TOWERS	03/2002			09/2003			
AL2 -16 BOYKIN TOWER	03/2002			09/2003			

Signature of Executive Director and Date

X

Signature of Public Housing Director/Office of Native American Programs

Administrator and Date

X

## AttachmentB

### VoluntaryConversionInitialAssessments

#### Component10(B)VoluntaryConversionInitialAssessments

- a. How many of the PHA's developments are subject to the Required Initial Assessments? 12
- b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (i.e.: elderly and/or disabled developments not general occupancy projects)? 4
- c. How many Assessments were conducted for the PHA's covered developments? 12
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments: None

DevelopmentName	NumberofUnits

- e. If the PHA has not completed the Required Initial Assessment, describe the status of these assessments: NotApplicable

**Membership of the Resident  
Advisory Board**

**City Wide Residents' Council, Inc.  
Executive Board**

***Ruby Lang, President***  
*Thomas James Homes*

***Glender Montgomery, Vice President***  
*Josephine Allen Homes*

***William Knot, Treasurer***  
*Frank Boykin Towers*

***Sharon Dunagan, Secretary***  
*Josephine Allen Homes*

**A.F. Owens, Orange Grove, Jessie Thomas Homes  
Tenants' Association Officers**

***Hattie Pettway, President***  
*555 Lang Avenue*  
*Mobile, Alabama 36603*  
***433-3597***

***Emma Chestang, Vice President***  
*508 Franklin Street*  
*Mobile, Alabama 36603*  
***438-4202***

***Shamanita Overton, Secretary***  
*704-D Marmotte Street*  
*Mobile, Alabama 36603*

***Tchenevia Y. Ward, Treasurer***  
*700-D Marmotte Street*



**AttachmentC**

*Mobile,Alabama36603*

**AnnieIke,Chaplain**  
*354BloodgoodStreet*  
*Mobile,Alabama36603*

**JosephineAllenHomes**  
**TenantsíAssociationOfficers**

**GlenderMontgomery,President**  
*608-AHermanDrive*  
*Mobile,Alabama36610*  
**452-3069**

**SharonDavis,VicePresident**  
*614-BSimpsonAvenue*  
*Mobile,Alabama36610*  
**452-5156**

**AndriaBrown,Secretary**  
*715-BPhillipsDrive*  
*Mobile,Alabama36610*  
**457-2084**

**SharonDunagan,Treasurer**  
*608-BHermanDrive*  
*Mobile,Alabama36610*  
**456-6822**

**JamesL.Dennis,Chaplain**  
*668-BFranklinDrive*  
*Mobile,Alabama36610*  
**456-5544**

**OaklawnHomes**  
**TenantsíAssociationOfficers**

**AttachmentC**

***MaryPacker,President***

*1010BaltimoreS treet#15  
Mobile,Alabama36605  
433-8347*

***BettyMcMillian,VicePresident***

*1010BaltimoreStreet#16  
Mobile,Alabama36605*

***DellaStone,Secretary***

*1010BaltimoreStreet#27  
Mobile,Alabama36605  
432-0966*

***DeniseWilliam,Treasurer***

*1010BaltimoreStreet#34  
Mobile,Alabama36605*

***TanganyikiaThomas,Chaplain***

*1010BaltimoreStreet#99  
Mobile,Alabama36605*

***R.V.TaylorPlaza***

***TenantsíAssociationOfficers***

***WonniceClyburn,VicePresident***

*1570-D Sumner Drive  
Mobile,Alabama36605  
433-4262*

***LydaM.Rowe,Se cretary/Treasurer***

*1559-A Sumner Drive  
Mobile,Alabama36605  
438-4484*

***PrentezJohnson,Chaplain***

*1556-B Sumner Drive  
Mobile,Alabama36605*

***ThomasJamesPlace***

***WestCardinalPlace***

**TenantsíAssociationOfficers**

***RubyLang,President***

*1510AlbatrossDrive  
Mobile,Alabama36605  
478-5088*

***LindaMcAfee,VicePresident***

*1535BobolinkDrive  
Mobile,Alabama36605  
473-6727*

***DebraFranklin,Secretary***

*1950EagleDrive  
Mobile,Alabama36605  
450-0775*

***EmmaWestry,Treasurer***

*1808-AWestCardinalDrive  
Mobile,Alabama3660 5  
476-4483*

***ElmiraWhite,Chaplain***

*1850E.CardinalDrive  
Mobile,Alabama36605  
479-6195*

***LeneseBohannon,Chaplain***

*1508AlbatrossDrive  
Mobile,Alabama36605  
470-0340*

**GulfVillageHomes**

**TenantsíAssociationOfficers**

***TiffanyNettles,President***

*420CircleDrive  
Prichard,Alabama36610  
457-9812*

***JamillahRobinson,VicePresident***

*617CircleDrive*

**AttachmentC**

*Prichard,Alabama36610  
456-0757*

***SharonRambo,Secretary***  
*207S.FairportDrive  
Prichard,Alabama36610  
456-5079*

***WandaRobinson,Treasurer***  
*108CircleDrive  
Prichard,Alabama36610  
457-1245*

***BrendaYelding,Chaplain***  
*632CircleDrive  
Prichard,Alabama36610  
457-3253*

***EmersonGardens***  
***TenantsíAssociationOfficers***

***AnnCrawford,President***  
*751-APalmettoStreet  
Mobile,Alabama36603  
433-3756*

***ErnestineHopkins,VicePresident***  
*853-APalmettoStreet  
Mobile,Alabama36603  
432-6825*

***VivianWheaten,Secretary***  
*752-CPalmettoStreet  
Mobile,Alabama36603  
432-2475*

***LouisePerry,Treasurer***  
*806-BPalmettoStreet  
Mobile,Alabama36603  
433-6800*

***Sara Williams, Chaplain***

*753-B Palm etto Street  
Mobile, Alabama 36605  
433-3835*

***Frank Boykin Towers***  
***Tenants' Association Officers***

***Daisy Duke, President***

*1600 Michigan Avenue #203  
Mobile, Alabama 36605  
478-0637*

***David Seay, Vice President***

*1600 Michigan Avenue #103  
Mobile, Alabama 36605*

***Mary Packer, Secretary***

*1600 Michigan Avenue #715  
Mobile, Alabama 36605*

***Eugene Everett, Treasurer***

*1600 Michigan Avenue #811  
Mobile, Alabama 36605*

***Jessie B. Watson, Chaplain***

*1600 Michigan Avenue #606  
Mobile, Alabama 36605*

***Roger Williams Homes***  
***Tenants' Association Officers***

***Delphine Byther, President***

*255-A Simington Drive  
Mobile, Alabama 36617  
473-9299*

***Robert Edwards, Vice President***

*402-A North Brazier Drive  
Mobile, Alabama 36617*

**AttachmentC**

***Linda Taliaferro, Secretary***

*365-C North Brazier Drive  
Mobile, Alabama 36617  
447-3535*

***Charlene Pettway, Treasurer***

*306-D North Brazier Drive  
Mobile, Alabama 36617*

***Gloria Reels, Chaplain***

*1800 Caldwell Place  
Mobile, Alabama 36617  
447-9723*

***Central Plaza Towers  
Tenants' Association Officers***

***Mildred Wagner, President***

*300 Bayshore Avenue #705  
Mobile, Alabama 36607  
478-3461*

***Mamie Etheridge, Vice President***

*304 Bayshore Avenue #834  
Mobile, Alabama 36607  
476-6238*

***Ricky Trimnal, Secretary***

*304 Bayshore Avenue #830  
Mobile, Alabama 36607*

***Eolyn Woods, Treasurer***

*302 Bayshore Avenue #613  
Mobile, Alabama 36607  
473-5518*

***Virginia Hutchenson, Parliamentarian***

*304 Bayshore Avenue #806  
Mobile, Alabama 36607*

**Section8**  
**Tenant's Association Officer**

***Terri Woods***  
***1351 Brooks Avenue***  
***Mobile, Alabama 36605***  
***471-8098***

## **ResidentMemberofthePHAGoverningBoard**

On January 18, 2000, Mayor Michael C. Dow swore in Ms. Ruby Lang, resident of Thomas James Homes, as a member of the Board of Commissioners of the Mobile Housing Board. She was sworn in for a five -year term, wh ich expires August 31, 2004.

Ms. Lang was nominated for appointment to the Board of Commissioners by the City-Wide Resident Council whose recommendation for submission to the Mayor was approved by the Mobile Housing Board Commissioners.



## AttachmentA

### DeconcentrationofPovertyandIncomeMixing

#### Component3,(6)DeconcentrationandIncomeMixing

- a. ☒ Yes ☐ No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b. ☒ Yes ☐ No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

Deconcentration Policy for Covered Developments			
Development Name:	Number of Units	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]
Thomas James Place	796	Over 115% using unit size adjustments. Thomas James Place is the site of Economic Development Center encouraging self-sufficiency and increased income of public housing residents.	

HA Name: <b>Mobile Housing Board</b>	Locality (City/County & State): <b>Mobile, Mobile, Alabama</b>			Original Revision No.	
A. Development Number/Name	Work Stmt. for Year 1 FFY: <u>2001</u>	Work Statement for Year 2 FFY: <u>2002</u>	Work Statement for Year 3 FFY: <u>2003</u>	Work Statement for Year 4 FFY: <u>2004</u>	Work Statement for Year 5 FFY: <u>2005</u>
AL2 -9 Jesse Thomas Homes	See Annual Statement	\$5,910,133.00	\$5,910,133.00	\$100,000.00	\$6,218,680.00
AL2 -6 Gulf Village Homes				3,000,000.00	
AL2 -10 R.V. Taylor Plaza				930,000.00	
AL2 -3 Roger Williams Homes				100,000.00	
AL2 -8 Josephine Allen Homes				1,780,133.00	
AL2 -2 Orange Grove					
B. Physical Improvements Subtotal		\$5,910,133.00	\$5,910,133.00	\$5,910,133.00	\$6,218,680.00
C. Management Improvements		905,615.00	905,615.00	905,615.00	905,615.00
D. HA -Wide Nondwelling Structures and Equipment		200,000.00	200,000.00	200,000.00	200,000.00
E. Administration		410,681.00	410,681.00	410,681.00	410,681.00
F. Other A/E Fees		425,000.00	425,000.00	425,000.00	425,000.00
G. Operations					
H. Demolition					
I. Replacement Reserve					
J. Mod Used for Development					
K. Total CGP Funds		\$7,851,429.00	\$7,851,429.00	\$7,851,429.00	\$8,159,976.00
L. Total Non -CGP Funds					
M. Grand Total					
Signature of Executive Director and Date:  X			Signature of Public Housing Director/Office of Native American Programs Administrator and Date:  X		

Work Statement  for Year1 FFY: <u>2001</u>	Work Statement for Year <u>2</u> FFY: <u>2002</u>			Work Statement for Year <u>3</u> FFY: <u>2003</u>		
	Development Number/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/General Description of Major Work Categories	Quantity	Estimated Costs
See Annual Statement	<u>AL2 -6 Gulf Village Homes</u> Comprehensive Interior and Exterior Renovations		\$5,910,133.00	<u>AL2 -6 Gulf Village Homes</u> Comprehensive Interior and Exterior Renovations to Approximately 80 Dwelling Units		\$5,910,133.00
	Subtotal of Estimated Cost		\$5,910,133.00	Subtotal of Estimated Cost		\$5,910,133.00

Work Statement  for Year 1 FFY: <u>2001</u>	Work Statement for Year <u>4</u> FFY: <u>2004</u>			Work Statement for Year <u>5</u> FFY: <u>2005</u>		
	Development Number/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/General Description of Major Work Categories	Quantity	Estimated Costs
See Annual Statement	<u>AL2 -3 Roger Williams Homes</u>  Renovate Community Center for 504 Compliance		\$100,000.00	<u>AL2 -2 Orange Grove Home</u>  Renovate Plumbing and HVAC Systems (Central Air & Heat)		\$6,218,680.00
	<u>AL2 -6 Gulf Village Homes</u>  Comprehensive Renovation of 40 Dwelling Units (Final Phase)		3,000,000.00			
	<u>AL2 -8 Josephine Allen Homes</u>  Renovate Community Center for 504 Compliance		100,000.00			
	Install Windows, Security Window Screens, and Security Screen Doors in 292 Dwelling Units		876,000.00			
	Install Central HVAC in 292 Dwelling Units		804,133.00			
	<u>AL2 -9 Jesse Thomas Homes</u>  Renovate Community Center for 504 Compliance		100,000.00			
	<u>AL2 -10 R.V. Taylor Plaza</u>  Install Central HVAC System in 450 Dwelling Units		830,000.00			
	Renovate Community Center for 504 Compliance		100,000.00			
	Subtotal of Estimated Cost		\$5,910,133.00		Subtotal of Estimated Cost	\$6,218,680.00



Work Statement  for Year 1 FFY: <u>2001</u>	Work Statement for Year <u>4</u> FFY: <u>2004</u>			Work Statement for Year <u>5</u> FFY: <u>2005</u>		
	General Description of Major Work Categories	Quantity	Estimated Cost	General Description of Major Work Categories	Quantity	Estimated Costs
See Annual Statement	Provide Technical Assistance Management Consultant		\$50,000.00	Provide Technical Assistance Management Consultant		\$50,000.00
	Provide Staff Training		\$100,000.00	Provide Staff Training		\$100,000.00
	Strategic Planning		\$25,000.00	Strategic Planning		\$25,000.00
	Provide Computer Upgrades and Equipment		\$50,000.00	Provide Computer Upgrades & Equipment		\$50,000.00
	Marketing and Advertising Campaign		\$25,000.00	Marketing and Advertising Campaign		\$25,000.00
	Vacancy Reduction Program		\$300,000.00	Vacancy Reduction Program		\$300,000.00
	Summer Youth Employment Program		\$80,000.00	Summer Youth Employment Program		\$80,000.00
	Supportive Salary Proration of New Positions and Unit Marketability Personnel		\$275,615.00	Supportive Salary Proration of New Positions and Unit Marketability Personnel		\$275,615.00
	Subtotal of Estimated Cost		<b>\$905,615.00</b>	Subtotal of Estimated Cost		<b>\$905,615.00</b>

# Public Housing Drug Elimination Program Plan

**Note: THIS PHDEP Plan template (HUD 50075 - PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.**

## Annual PHDEP Plan Table of Contents:

1. General Information/History
2. PHDEP Plan Goals/Budget
3. Milestones
4. Certifications

## Section 1: General Information/History

**A. Amount of PHDEP Grant \$** 1,034,853.00

**B. Eligibility type (Indicate with an "x")**

N1 \_\_\_\_\_ N2 \_\_\_\_\_ R X

**C. FFY in which funding is requested** 2002

## **D. Executive Summary of Annual PHDEP Plan**

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long.

The *PHDEP 2002* plan will include the continuation of community oriented policing (walking, riding and foot patrols), physical improvements, drug prevention, intervention and therapeutic treatment initiatives. The MHB will continue to increase job training and private -sector employment programs, life skills and youth sports as an alternative to combat drug abuse. Special emphasis will be geared toward family education and enrichment programs designed to promote healthy and enhanced parenting practices. GED preparation, mentoring, academics, computer skills training, and conflict resolution will be provided to promote self -sufficiency.

## **E. Target Areas**

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)
A. F. Owens	407	500
Central Plaza Towers	472	230
Emerson Gardens	94	50
Frank Boykin Tower	122	50
Jesse Thomas Homes	380	700
Josephine Allen Homes	292	381
Oaklawn Homes	100	125
Orange Grove	298	250
Roger Williams Homes	452	500
R. V. Taylor	450	500
Thomas James Place/Rehab I -II	782	600
West Cardinal Place	14	15

## **F. Duration of Program**

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other", identify the # of months).

6 Months \_\_\_\_\_ 12 Months \_\_\_\_\_ 18 Months \_\_\_\_\_ 24 Months \_\_\_\_\_   X   Other \_\_\_\_\_

### G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs   have not   been closed out at the time of this submission, indicate the fund balance and anticipated completion date. For grant extensions received, place "GE" in column or "W" for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant#	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Anticipated Completion Date
FY1995 -x	\$1,045,000.00	AL09DEP0020195	0		
FY1996 -x	\$1,044,250.00	AL09DEP0020196	0	GE	
FY1997 -x	\$1,086,020.00	AL09DEP0020197	0	GE	
FY1998 -x	\$1,086,020.00	AL09DEP0020198	0		12/31/00
FY1999 -x	\$926,389.00	AL09DEP0020199	\$173,047.35		12/31/01
FY2000 -x	\$965,488.00	AL09DEP0020100	\$930,011.59		01/31/03
FY2001 -x	\$1,034,853.00	AL09DEP0020101	\$1,034,853.00		06/30/03
FY2002 -x	\$1,034,853.00	AL09DEP0020102	\$1,034,853.00		12/31/05

## Section 2: PHDEP Plan Goals and Budget

### A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

The MHB proposes to continue security initiatives through contract with law enforcement, i.e., the Mobile Police Department, Mobile County Sheriff and the Prichard Police Department. Educational components shall be geared toward: Math, Science, English, Music, GED preparation, life skills and computer training. Drug treatment, prevention, intervention, and economic development will continue through contract with 100 Black Men, Inc, Franklin Primary Health Center, Girls Scouts, District Attorney's office, and Flower Fantasies & Gifts. All contracted partners are required to provide baselined data, key milestones, and measurable goals on the basis of which contract compliance and performance are evaluated. Each service provider will be monitored on a monthly basis to assure performance by reviewing periodic progress reports, reviewing activity files, and conducting interviews with various staff members.



## B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FY <u>2002</u> PHDEP Budget Summary	
Budget Line Item	Total Funding
9110 -Reimbursement of Law Enforcement	\$312,000.00
9120 -Security Personnel	0
9130 -Employment of Investigators	0
9140 -Voluntary Tenant Patrol	0
9150 -Physical Improvements	30,000.00
9160 -Drug Prevention	350,865.00
9170 -Drug Intervention	145,000.00
9180 -Drug Treatment	60,000.00
9190 -Other Program Costs	136,988.00
<b>TOTAL PHDEP FUNDING</b>	<b>\$1,034,853.00</b>

## C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategies summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise —not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 -Reimbursementof LawEnforcement					TotalPHDEPFunding:\$305,000.00		
Goal(s)	Toprovidesecurityandcommunity -policingprograms(walking,riding,andfootpatrols)atall sites.						
Objectives	Toreducedrug -relatedcrimeatalltargetedsites.						
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.MobilePoliceDept.			3/1/03	2/28/04	\$260,000	0	Hireten(10) policeofficers
2.PrichardPoliceDept.			7/1/03	6/30/04	45,000	0	Employtwo(2) P/Tpolice officersinthe GulfVillagearea

9150 - Physical Improvements	Total PHDEP Funding: \$30,000.00
------------------------------	----------------------------------

Goal(s)	To continue security initiatives through fencing, alarms, cameras and related security equipment.						
Objectives	To reduce criminal activities through increased physical improvements.						
Proposed Activities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.Security Fence			01/1/03	12/31/03	\$15,000	0	Provide 300 feet of security fencing
2.Security Equipment & Alarms			01/1/03	12/31/03	\$15,000	0	Install 3 cameras and alarms at targeted site

9160 -DrugPrevention					TotalPHDEPFunding:\$348,000.00		
Goal(s)	Toprovide on -siterecreation,drugawareness,jobtraining,andlifeskillsprogramsforlow& moderate-incomefamilies.						
Objectives	Toprovideprogramstohelpreducethelikelihoodofdrugabuse,crimeandyouthviolence.						
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.LifeSkillsand Recreation	2700	Youthages6 18	10/1/03	9/30/04	\$125,000	125,000	Providelifeskills andorganized athleticstoyou th ages6 -18
2.MHBYouthSports	500	Youthages6 18	1/1/03	12/31/03	15,000	0	Expandyouth sportstoall developments
3.Educational Enrichment/Youth Mentoring	250	Youthages6 18	11/1/03	10/31/04	35,000	0	Expandededucational enrichment programsb y20%
4.Drugs&TeenPregnancy Programs	320	Girlsages6 -18	10/1/03	9/30/04	58,000	18,000	Increasepregnancy awarenessamong teensby30%
5.SummerWork EmploymentExperience TrainingProgram	150	Youthages16 - 21	5/01/03	8/31/03	70,000	158,000	Employ150youth foratotalof340 hourspersummer
6.EconomicDevelopment Programs	100	AdultHead -of- Households	10/1/03	9/30/04	45,000	0	Train100residents ineconomic development initiatives

<b>9170 -Drug Intervention</b>	<b>Total PHDEP Funding: \$145,000.00</b>
--------------------------------	------------------------------------------

Goal(s)	To provideservice to residents in need of health care, counseling, and referral services.						
Objectives	To expand health care services to seniors and families living in housing developments						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDP Funding	Other Funding (Amount /Source)	Performance Indicators
1. Eldercare Program	600	Elderly 55 and above	10/1/02	9/30/03	\$55,000	0	Complete needs assessment to identify services required for the elderly
2. Seniors Adult Development Program	75	Elderly 55 and above	9/1/02	8/31/03	15,000	0	Increase adult health development among seniors
3. Health Care Screenings	1572	All ages	1/1/03	12/31/03	75,000	0	Expand health awareness among families by 30%

9180 -DrugTreatment					TotalPHDEPFunding:\$60,000.00		
Goal(s)	Toeliminatedrugabusethroughrehabilitation,referrals,counselingandothertreatment strategies						
Objectives	Toprovideon -sitetreatmentprogramstoeliminatesubstanceabuse amongyouthandadults throughoutreachactivities						
ProposedActivities	#of Persons Served	Target Population	StartDate	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.TherapeuticDrug Treatment	210	Ages8t o adults	10/1/03	9/30/04	\$60,000	0	Expanddrug counselingand treatment initiatives throughhome visitsby50%

9190 -OtherProgramCosts					TotalPHDEPFunds:\$146,853.00		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Populat ion	StartDate	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.GrantsCoordinator			1/1/04	12/31/05	\$35,685.53	0	Continuestaff supportofPHDEP Programs
2.SecurityCoordinator			1/1/04	12/31/05	34,815.15	0	Continuestaff supportofPHDEP Programs
3.ProgramAide			1/1/04	12/31/05	18,907.20	0	Continuestaff supportofPHDEP Programs
4.Printing&Publications			1/1/03	12/31/05	1,600.00	0	Expanddrug awareness informationto residentsthrough newslettersan d flyers
5.Office Supplies/Equipment			1/1/03	12/31/05	3,038.84	0	Continuestaff supportofPHDEP Programs
6.Telephone/Internet Services			1/1/03	12/31/05	1,500.00	0	Increaseresident knowledgeanduse oftheWorldWide Web
7.Trophies&Award s			1/1/03	12/31/05	500.00	0	Promotedrug awarenessand rewardvolunteers
8.StaffTravel&Training			1/1/03	12/31/05	5,500.00	0	Continuestaff supportofPHDEP Programs
9.EmployeeBenefits			1/1/04	12/31/05	32,263.04	0	Continuestaff supportofPHDEP Programs
10.Admin.StaffSupport			1/1/04	12/31/05	13,043.24	0	Continuestaff supportofPHDEP Programs

### **Section3:Expenditure/ObligationMilestones**

Indicate by Budget Line Item and the Proposed Activity (based on the information contained in Section 2 PHDEP Plan Budget and Goals), the % of funds that will be expended (at least 25% of the total grant award) and obligated (at least 50% of the total grant award) within 12 months of grant execution.

<b>Budget Line Item#</b>	<b>25% Expenditure of Total Grant Funds By Activity#</b>	<b>Total PHDEP Funding Expended (sum of the activities)</b>	<b>50% Obligation of Total Grant Funds by Activity #</b>	<b>Total PHDEP Funding Obligated (sum of the activities)</b>
<i>e.g Budget Line Item#9120</i>	<i>Activities 1,3</i>		<i>Activity 2</i>	
9110	Activities 1,2,3	\$96,000.00	Activities 1,2,3	\$158,000.00
9120	N/A	-0-	N/A	-0-
9130	N/A	-0-	N/A	-0-
9140	N/A	-0-	N/A	-0-
9150	Activities 1,2	5,000.00	Activities 1	10,000.00
9160	Activities 1,2,5,7	58,250.00	Activities 3,4,6	146,500.00
9170	Activities 1,2,3	40,000.00	Activities 1,2,3	100,000.00
9180	Activities 1,2,3	30,000.00	Activities 1,2,3	60,000.00
9190	Activities 1,2,3,4,5,7,10,11	<u>38,004.00</u>	Activities 6,8,9	<u>76,009.00</u>
<b>TOTAL</b>		<b>\$267,254.00</b>		<b>\$550,509.00</b>

### **Section4:Certifications**

A comprehensive certification of compliance with respect to the PHDEP Plan submission is included in the "PHA Certification of Compliance with the PHA Plan and Related Regulations."

**Assessment of Site -Based Waiting List  
Development Demographic Changes**

A study of the demographics of the Mobile Housing Board's sixteen public housing sites was done using historical and current MTCS data. The statistics reflect no marked changes in the racial, ethnic or disability-related tenant composition from the implementation of site - based waiting lists in May 1999.

## Attachment I

### Progress Report

The Mobile Housing Board has implemented various strategies in FY 2001 to accomplish goals and objectives outlined in its 5 Year Plan for the period FY 2000- 2004.

The following highlights a few accomplishments and action taken by the Mobile Housing Board to meet goals and objectives of the 5 Year Plan:

- Reduction in vacancies.
- Increased rent collection to 97%.
- Sold 3 Rehabilitated Affordable Homes from the city to low -income families.
- Commenced demolition of the public housing units.
- Held 3 job fairs and hired residents for employment with Modernization contractors.
- Renovated/modernized Public Housing units during the Fiscal Year.
- Participated/sponsored Youth Build.
- Substantial completion of implementation of new agency wide software system.
- Filled key management positions: Comptroller, Program Management Analyst, and Program Analyst.
- Developed job descriptions for other key positions: Grant Developer, Public Information Coordinator, Director of Capital Construction and Modernization.
- Summer Youth Employment Program (employment of residents): Highest number of youth on the program to date.
- Security: New precincts established and additional precincts planned on site.
- Section 3 Coordinator established and Section 3 Plan drafted.
- Established a comprehensive training package to serve our staff and residents.
- Established MIS help desk to service new software.
- Continued to assess and update computer hardware and software.
- Established site based inventories to better serve our residents.
- Renovated the Central Office for 504 compliance.
- Reduced days lost to injuries.
- Secured CDBG and Home Funds.
- Established loan funds to City Wide Resident Council for program operation.
- Published RFP for energy audit.
- Outfitted Economic Development Center with a business incubator.
- Increased enrollment of day care center.
- Established a steering oversight committee for Economic Development Center and Mobile Housing Board.
- Site improvements at the Economic Development Center.
- Equipment purchases for maintenance.
- Modernization upgrade of roofs, windows, screens and doors at Jessie Thomas Homes.
- Installation of air conditioners at Boykin Towers and Central Plaza Towers.
- Formation of Community Action Groups at various sites.
- Acquired 6 houses from the City of Mobile to be rehabilitated and sold. 9 additional homes are pending.
- Coordinated supportive services which increased independence for our elderly and families with disabilities with Senior Citizens Services, Mobile Area Agency on Aging, United Cerebral Palsy of Mobile and other service oriented organizations.
- Combined resources with external partners to advance common goals. For example: Boys & Girls Scouts, Boys & Girls Clubs, MLK Redevelopment Corporation, Catholic Social Services, etc.
- Our position as the leader in the housing industry in Mobile continues to be established and is evidenced by the referrals we receive from "Apartment Finders", HUD in Birmingham, the Department of Human Resources, Catholic Social Services, Congressmen, Mayor's Office, Salvation Army, Salvation Army Women's and Children's Shelter, Penelope House, Sybil Smith Village, etc.
- The Agency continues to improve the "package" that is offered to our applicants/residents by including services other than housing.
- High degree of resident involvement and input in the planning/development stage of MHB organizations via communication with the City -Wide Resident Council and the individual Resident Associations for each site.
- Mobile Housing Board's Rental Housing Programs were marketed through participation in numerous local trade shows/conferences. At each event, the Mobile Housing Board utilized a multi-media display of programs through the use of video, photos, informational pamphlets and personal contact:
  - ❑ Mobile Fair Housing Workshop -January 2001.
  - ❑ Mobile Fair Housing Open House -February 2001.
  - ❑ AARP Conference -Mary Abbie Berg Senior Center -March 2001.
  - ❑ Mary Abbie Berg Senior Center Annual Meeting/Open House -April 2001.
  - ❑ Health Care for the Homeless Open House -May 2001.
  - ❑ 15 Place Homeless Day Center Open House- June 2001.
  - ❑ Mobile County City Day -July 2001.
  - ❑ Senior Citizen Center Wellness Fair -September 2001.
- Awarded 42 vouchers in support of the expiration of a New Construction HAP contract at The Grove Apartments.
- Awarded 30 vouchers in support of a new owner opt -out at Family Place Apartments.

### **Follow-Up Plan for Communication**

The Rental Housing Program Division (RHPD) of the Mobile Housing Board (MHB) has established a plan to address the concerns expressed in the Fiscal Year 2000 Resident Assessment Survey in which the MHB received a score of 72%. The following actions are planned and will be implemented:

- Housing Managers to publish quarterly newsletters and include maintenance tips and modernization efforts.
- Housing Managers to hold monthly meetings with the development Resident Council President to address issues and concerns of the development.
- RHPD to randomly survey residents regarding quality of services (courteous and professional behavior and responsiveness to questions and concerns) rendered by Management Offices (identified as problem areas). Analyze data and take corrective measures.
- Investigate development and implementation (pending funding availability) of an in-house resident "Tip Line". This line could be used by residents to anonymously report criminal activity or other lease violations.



### **Follow-Up Plan for Safety**

The Security Department of the Mobile Housing Board (MHB) has established a plan to increase the safety of all residents residing in the MHB public housing developments. The plan will address the shortcomings in safety and security, as identified by the residents, the MHB Security Coordinator, the police, and the Property Managers and Maintenance Supervisors of our communities. Therefore, in response to the Fiscal Year 2000 Resident Assessment Survey in which the MHB received a score of 62% in safety, the following actions are planned and will be implemented:

- The Security Coordinator will continue to meet with each Resident Council and Property Managers and Maintenance Supervisors to discuss the security/safety issues in each community.
- The MHB will continue to contract with the Mobile Police Department and the Mobile Sheriff's Department to run programs that will enhance the safety of our neighborhoods. These contracts will be constantly revised as problems arise and needs change. One such change will be to increase the number of weekend assignments for the Sheriff's Department in all elderly developments to promote feelings of security among our elderly residents.
- Under contract, the Mobile Police Department will continue to train their Ranger Unit on Enhanced Neighborhood Policing in a continued effort to better the relationship that exists between the police and residents.
- The MHB will continue to foster the newly established relationship with the local Crimestoppers Organization to encourage residents and give them an avenue for safely reporting crime.
- The MHB is committed to hiring an additional security guard to monitor the elderly high-rise developments at night when management is not on site.
- The Security Coordinator will facilitate at least monthly meetings between Property Managers and the Police Rangers servicing their communities to discuss problems and solutions.
- The MHB will request additional Environmental Officers from the City of Mobile to help police our developments for vehicles that do not belong on our sites.
- The Security Coordinator, along with the Mobile Police Department, plans to develop Community Action Groups at four of our developments this year.
- A city-wide task force is to be established that will encompass such figures as the Mayor, the Chief of Police, the Resident Commissioner, the MHB

**Follow-Up Plan for Safety** (Continued)

Executive Director and the City Wide Resident Council leaders for the purpose of discussing ways to make our community safe.

- The MHB, along with the Mayor and the Police Department, plan to establish four new police precincts within four of our developments.
- The Mobile Police Department is planning to work in partnership with the City Wide Resident Council to place Neighborhood Resource Officers (NRO) in each of our newly formed precincts. These NRO's will be residents of the community and will serve as a liaison between the police and the residents.
- The Security Coordinator, the Mobile Police Department, and the Property Managers plan at least two "Stop the Violence Marches" during this year to involve the residents in making their neighborhood a safer place to live.
- The Security Coordinator will continue with physical property assessments to determine physical security improvements that can be made at each housing community.
- The Security Coordinator, in conjunction with Housing Management, intend to place boundaries such as fencing, gates, etc. in areas as necessary to allow Security to control the access of criminal elements.
- Development of a community safety brochure or pamphlet to be distributed to all residents, encouraging their active participation in helping to combat crime issues in their development.

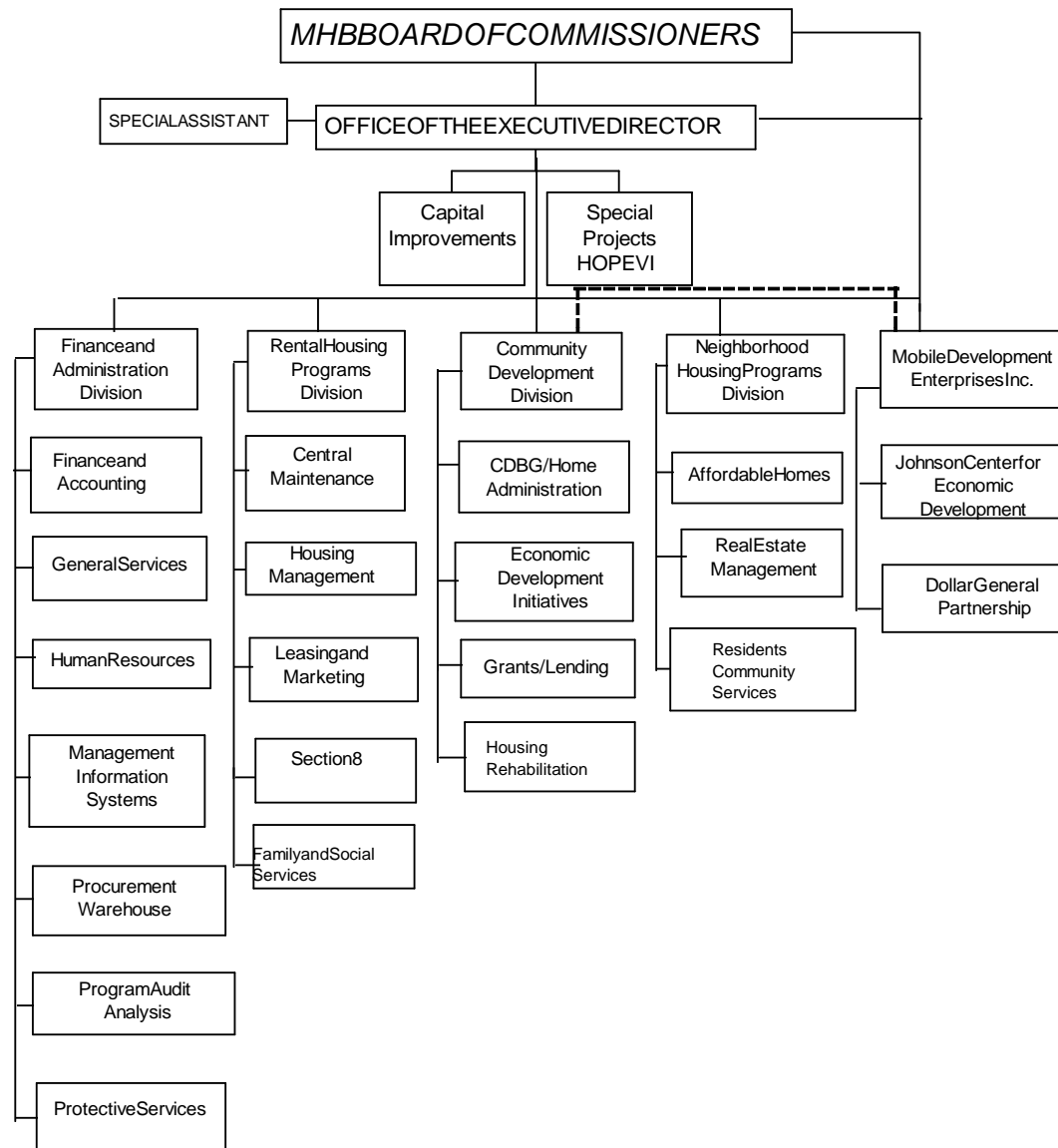
### **Follow-Up Plan for Neighborhood Appearance**

The Housing Management and Technical Service Departments of the Mobile Housing Board (MHB) has established a plan to improve the neighborhood appearance of the developments of the MHB. In response to the Fiscal Year 2000 Resident Assessment Survey, in which the MHB received a score of 56% in Neighborhood Appearance, the following actions are planned and will be implemented:

- Maintenance Supervisors to assign personnel to address the policing of grounds on a daily basis.
- Utilize the Environmental Officer to inspect sites and issue citations for litter violations/debris and illegal parking.
- Contract with resident -owned lawn care business to provide service at 5 sites.
- Schedule sites to receive bi -weekly/weekly mowing, edging and weed eating.
- Partner with the City of Mobile to utilize community workers to pick up litter at the sites (when available).
- Hire 'seasonal' staff to assist in grounds upkeep.
- Provide bulk service pick -up to all sites on a weekly basis.
- Partner with the City of Mobile Public Works Department for trash can pick-ups at R.V. Taylor Plaza.
- Emergency priority given to address securing vacant units.
- Removal of graffiti within 48 hours of reporting.
- Site Managers and Maintenance Supervisors to make daily assessments of properties and take corrective action to address problems immediately.
- Managers to educate residents on areas of responsibility in the lease pertaining to the upkeep of their yards (via letters, meetings, newsletters and orientation).
- Management and Resident Council to work together to sponsor seasonal promotions to encourage residents to take pride in their community. These promotions could also involve community sponsors who could donate incentive prizes. (For example: semi -annual community cleanup campaign, spring yard beautification contests, etc.)
- Develop partnership with Keep Mobile Beautiful.

**Follow-Up Plan for Neighborhood Appearance** (Continued)

- Develop and implement plan to clean and maintain parking lots and play areas.
- Assess the cost of power washing buildings.
- Increase lease -up of units.
- Pest Control/Eradication Program implemented.



October 2001

**AnnualStatement/PerformanceandEvaluation  
ComprehensiveGrantProgram(CGP) PartII: Supporting Pages**

U.S.DepartmentofHousing  
andUrbanDevelopment  
OfficeofPubl icandIndianHousing

OMBApprovalNo.2577 -0157(Exp.7/31/98)

Development Number/Name HA -Wide Activities	GeneralDescriptionofMajor WorkCategories	Development AccountNumber	Quantity	TotalEstimatedCost		TotalActualCost		StatusofPr oposed Work(2)
				Original	Revised(1)	Funds Obligated(2)	Funds Expended(2)	
<b>PHA-WIDE ADMINISTRA- TION</b>		<b>1410</b>						
<b>A)</b>	<b>Non-TechnicalSalariesforOne(1) Year:</b>	<b>1410.1</b>		<b>\$60,620.00</b>				
	<b>1-OfficeAssistantII 1 -OfficeAssistantI</b>							
<b>B)</b>	<b>TechnicalSalariesForOne(1) Year:</b>	<b>1410.2</b>		<b>190,190.00</b>				
	<b>1-DirectorofMod.&amp;Development</b>							
	<b>1-ModernizationCoordina tor</b>							
	<b>1-BuildingMaintenance Superintendent</b>							
	<b>1-PublicServiceSupervisor</b>							
	<b>10%-ExecutiveDirector</b>							
	<b>10%-Comptroller</b>							
	<b>10%-PurchasingAgent</b>							
	<b>5% -DataProcessingManager</b>							
	<b>5% -ComputerSupport Coordinator</b>							
<b>C)</b>	<b>EmployeeBenefitsContribution</b>	<b>1410.9</b>		<b>103,370.00</b>				
<b>D)</b>	<b>Travel</b>	<b>1410.10</b>		<b>5,000.00</b>				
<b>E)</b>	<b>Publications</b>	<b>1410.12</b>		<b>1,000.00</b>				
<b>F)</b>	<b>TelephoneandFacsimile</b>	<b>1410.16</b>		<b>500.00</b>				
<b>G)</b>	<b>Sundry</b>	<b>1410.19</b>		<b>20,000.00</b>				
	<b><u>SUB-TOTAL1410</u></b>			<b><u>\$380,680.00</u></b>				

SignatureofExecutiveDirectorandDate

**X**

SignatureofPublicHousingDirector/OfficeofNativeAmericanProgramsAdministratorandDate

**X**

**AnnualStatement/PerformanceandEvaluation  
ComprehensiveGrantProgram(CGP ) PartII: SupportingPages**

 U.S.DepartmentofHousing  
andUrbanDevelopment  
OfficeofPublicandIndianHousing

OMBApprovalNo.2577 -0157(Exp.7/31/98)

Development Number/Name HA -Wide Activities	GeneralDescriptionofMajor WorkCategories	Development AccountNumber	Quantity	TotalEstimatedCost		TotalActualCost		StatusofProposed Work(2)
				Original	Revised(1)	Funds Obligated(2)	Funds Expended(2)	
AL2 -6 GULF VILLAGE HOMES	ConstructNewAdministration CommunityBuilding	1470		\$1,056,866.00				
	A&EFeesforDesignServices&Costs	1430		65,470.00				
	<u>SUB-TOTALAL2 -6</u>			<u>\$1,122,336.00</u>				
AL2 -8 JOSEPHINE ALLEN HOMES	RepairRoofingon(54)Buildings	1460		\$707,088.00				
	A&EFeesforDesignServices&Costs	1430		44,000.00				
	CompleteInteriorRenovations: Repainting, Repair/Replace:Flooring,Electrical System,WallHeaters,WaterHeaters, Windowsandfinishesto15units	1460		300,000.00				
	<u>SUB-TOTALAL2 -8</u>			<u>\$1,051,088.00</u>				
AL2 -10 R.V.TAYLOR PLAZA	ReplaceWindows,ExteriorDoors, ScreenDoorsandModifyEntryPorches	1460		3,851,229.00				
	A&EFeesforDesignServices&Costs	1430		280,030.00				
	<u>SUB-TOTAL AL2 -10</u>			<u>\$4,131,317.00</u>				
AL2 -13 EMERSON GARDENS	ModifyRentalOfficeandCommunity BuildingforAccessibility	1470		\$ 50,000.00				
	A&EFeesforDesignServices&Costs	1430		3,000.00				
	<u>SUB-TOTALAL2 -13</u>			<u>\$53,000.00</u>				

SignatureofExecutiveDirectorandDate

**X**

SignatureofPublicHousingDirector/OfficeofNativeAmericanP

rogramsAdministratorandDate

**X**

(1)TobecompletedforPerformanceandEvaluationReportoraRevisedAnnualStatement.

(2)TobecompletedforthePerformanceandEvaluationReport.

**Annual Statement/Performance and Evaluation  
Comprehensive Grant Program (CGP) Part III: Implementation Schedule**

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB Approval No. 2577 -0157 (Exp. 7/31/98)

Development Number/Name HA -Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
<b>PHA-WIDE MANAGE - MENT</b>							
<b>IMPROVE- MENTS</b>							
A)	03/2003			09/2004			
B)	03/2003			09/2004			
C)	03/2003			09/2004			
D)	03/2003			09/2004			
E)	03/2003			09/2004			
F)	03/2003			09/2004			
G)	03/2003			09/2004			
H)	03/2003			09/2004			
I)	03/2003			09/2004			
<b>FEES AND COSTS</b>							
AL2 -6	03/2003			09/2004			
AL2 -8	03/2003			09/2004			
AL2 -10	03/2003			09/2004			
AL2 -13	03/2003			09/2004			

Signature of Executive Director and Date

**X**

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**X**

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

(2) To be completed for the Performance and Evaluation Report.

Page

5 of 6

Facsimile of form HUD -52837 (10/96) ref Handbook 7485.3



**Annual Statement/Performance and Evaluation  
Comprehensive Grant Program (CGP) Part III: Implementation Schedule**

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB Approval No. 2577 -0157 (Exp. 7/31/98)

Development Number/Name HA -Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
<b>AL2 -6 GULF VILLAGE HOMES</b>	<b>03/2003</b>			<b>09/2004</b>			
<b>AL2 -8 JOSEPHINE ALLEN HOMES</b>	<b>03/2003</b>			<b>09/2004</b>			
<b>AL2 -10 R.V. TAYLOR PLAZA</b>	<b>03/2003</b>			<b>09/2004</b>			
<b>AL2 -13 EMERSON GARDENS</b>	<b>03/2003</b>			<b>09/2004</b>			

Signature of Executive Director and Date

**X**

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**X**

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

(2) To be completed for the Performance and Evaluation Report.

Page

6 of 6

Facsimile of form HUD -52837(10/96) ref Handbook 7485.3